

Case Number:	CM15-0216328		
Date Assigned:	11/05/2015	Date of Injury:	03/30/2015
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male sustained an industrial injury on 3-30-15. Documentation indicated that the injured worker was receiving treatment for neck, back, left leg and right knee pain. Previous treatment included physical therapy, electrical stimulation unit and medications. In a Doctor's First Report of Occupational Injury dated 10-5-15, the injured worker complained of low back and occasional left leg pain rated 7 to 8 out on the visual analog scale. Physical exam was remarkable for lumbar spine with "pelvic obliquity" with the right higher than the left and a left ward scoliosis, minimal tenderness to palpation in the lumbopelvic region, decreased range of motion at 50% of normal and right knee with tenderness to palpation in the medial bursal and mild tenderness to palpation in the lateral joint line and peripatellar region with range of motion 0 to 150 degrees and 5 out of 5 strength. The physician stated that the injured worker presented with ongoing pain in multiple body parts and that in addition to his orthopedic problems it was apparent on today's evaluation that the injured worker also had chronic pain syndrome associated with factors for delayed recovery including stress, insomnia, depression and anxiety. The physician recommended four sessions of cognitive behavioral therapy with an evaluation to address factors for delayed recovery, a trial of Pamelor, decreasing Norco, discontinuing Ultram and a trial of chiropractic therapy. On 10-8-15, Utilization Review modified a request for cognitive behavioral therapy with an evaluation for a total of five sessions to one session of cognitive behavioral therapy with evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cognitive behavioral therapy with an evaluation for a total of five sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in March 2015. In the 10/5/15 Doctor's First Report of Occupational Injury or Illness, it was recommended that the injured worker receive 4 CBT sessions and an evaluation to assess for psychiatric factors interfering with recovery. The request under review is based upon this recommendation. The CA MTUS recommends the use of psychological services in the treatment of chronic pain. However, it is recommended that an evaluation be completed first in order to obtain specific diagnostic information as well as appropriate treatment recommendations. Without having completed a psychological evaluation, the request for follow-up services is premature. As a result, the request for CBT with an evaluation for a total of five sessions is not medically necessary. It is noted that the injured worker received an authorization for an evaluation only in response to this request.