MAXIMUS Federal Services

Case Number:	CM15-0030864		
Date Assigned:	02/24/2015	Date of Injury:	06/14/2012
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 54 year old female sustained an industrial injury on 6/14/12, with subsequent ongoing low back pain with radiation into bilateral hips and legs. Magnetic resonance imaging lumbar spine (8/29/14) showed straightening of the lumbar lordosis with degenerative disc disease, disc protrusion at L5-s1 and anterolisthesis at L4-5. Electromyography/nerve conduction velocity test bilateral lower extremity (7/5/13) showed left sacroiliac joint radiculopathy and mild tibia mononeuropathy of the right ankle. In a PR-2 dated 1/16/15, the injured worker complained of persistent low back pain with radiation into bilateral hips and legs as well as new onset neck pain that impacted her ability to drive. The injured worker also complained of chills, severe fatigue, cough, constipation, heartburn, balance problems, poor concentration, memory loss, numbness, weakness, anxiety, depression and suicidal thoughts. Current diagnosis was lumbar disc displacement without myelopathy. The treatment plan included cognitive behavioral therapy times twelve sessions and continuing medications (Cyclobenzaprine, Protonix, Fluoxetine, Gabapentin, Norco and TeMaxopam). The physician noted that the injured worker had physical therapy in the past when first injured but did not have improvement with it. On 1/30/15, Utilization Review noncertified a request for Cognitive Behavioral Therapy 12 Visits noting lack of documentation of response from physical therapy and citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as well as symptoms of depression. It appears that a psychological consultation with follow-up services was recommended in the March 2014 QME report however, it was denied by UR. Eventually, the injured worker completed an initial psychiatric evaluation with [redacted] on 12/17/14. In his "Doctor's First Report of Occupational Injury or Illness", [redacted] recommended follow-up psychotherapy services for which the request under review is based. Unfortunately, the request for an initial 12 CBT psychotherapy sessions exceeds the recommended number of initial sessions set forth by the ODG. As a result, the request is not medically necessary. It is noted that the injured worker began group psychotherapy services, prior to receiving authorization, with [redacted] under the supervision of [redacted] following [redacted]' psychiatric evaluation. In a group progress note dated 1/15/15, it is reported that the injured worker had completed 11 group psychotherapy sessions.