

Case Number:	CM15-0046130		
Date Assigned:	03/18/2015	Date of Injury:	08/09/2006
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The injured worker is a 44 year old female, who sustained an industrial injury on August 9, 2006. The injured worker was diagnosed as having chronic lower back pain with muscle spasm and radiculopathies with right more than left, radiculopathic pain radiating from lumbar sacral spine to both lower extremities with worsening with denied Duloxetine, opioid induced constipation controlled with Colace, pain induced depression worsening with denied treatment, and gastrointestinal irritation and gastro-esophageal reflux disorder aggravated by prolonged intake of non-steroid anti-inflammatory drugs (NSAIDs) and analgesic medications worsening with denied treatment. Treatment to date has included medication. Currently, the injured worker complains of chronic low back pain, with limited sleep and moderate depression and frustration due to her current states of discomfort. The Treating Physician's report dated January 15, 2015, noted the injured worker reporting that her chronic pain medication maintenance regimen, activity restriction, and rest continued to keep her pain down to a level that allowed her to complete the necessary basic activities of daily living, unable to tolerate the instrumental activities of daily living such as shopping, errand, or household chores. Lumbar spine examination was noted to show right side aggravated pain with pressure over the L5-S1 facets, and tenderness at L3, L4, and L5 on the right side. The long term goals of treatment included consistent opiate and non-opiate analgesic control of pain and reduce affective disorder of depression, anxiety, and cognitive loss of focus and concentration attributed to the effects of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trial sessions of cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS recommends a trial of 4 cognitive behavioral therapy as an adjunct to other treatment in patients with delayed recovery (as in this case). An initial physician review recommended non-certification of this request given a prior approval for individual psychotherapy. However, MTUS strongly encourages a cognitive behavioral therapy trial as a separate form of treatment distinct from individual counseling. This request is consistent with treatment guidelines; the request is medically necessary.