

Case Number:	CM15-0047755		
Date Assigned:	03/19/2015	Date of Injury:	06/02/2012
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 43-year-old male, who sustained an industrial injury on 06/02/2012. He reported that while carrying a large metal part that weighed approximately 300 pounds with five other coworkers four of the coworkers let go of the part putting all of the weight on the injured worker and one coworker causing the injured worker to experience a popping sound in the low back with immediate low back pain. The injured worker was diagnosed as having low back pain of the sprain/strain variety, major depressive disorder, and anxiety disorder. Treatment to date has included x-rays, medication regimen, physical therapy, magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction studies of the lower extremities, home exercise program, psychotherapy, and cognitive behavioral therapy. On 02/06/2015 the treating therapist requested a continuation of the current treatment program that entailed cognitive restructuring, directive/behavioral, assistance in problem solving, empathetic relationship building, and anxiety management, but the documentation provided did not specifically indicate a request for six additional cognitive behavioral therapy sessions. The treating physician on 02/10/2015 noted that the injured worker benefited from the mental health treatment indicating that the injured worker had the ability to relax, diminished irritability, less frequent hopelessness, but reported that the injured worker continued to have moderate to severe impairment of sleep, appetite, energy, emotional control, concentration, stress-tolerance, and memory along with symptoms of anxiety and fearfulness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional CBT sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker suffered from an industrial trauma resulting in chronic back pain, which subsequently led to major depressive disorder, and anxiety disorder. It has been indicated that he has been participating in cognitive behavioral therapy. On 02/06/2015, the treating therapist requested a continuation of the current treatment program that entailed cognitive restructuring, directive/behavioral, assistance in problem solving, empathetic relationship building, and anxiety management. It was documented that as a result of the psychotherapy, the injured worker has had the ability to relax, diminished irritability, less frequent hopelessness, but continued to have moderate to severe impairment of sleep, appetite, energy, emotional control, concentration, stress-tolerance, and memory along with symptoms of anxiety and fearfulness. There is no information regarding the number of psychotherapy sessions completed so far. There has been some subjective improvement but there is no clear evidence of objective functional improvement. Thus, the request for Six (6) additional CBT sessions is excessive and not medically necessary.