

Case Number:	CM15-0082169		
Date Assigned:	05/04/2015	Date of Injury:	02/20/2007
Decision Date:	06/17/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The injured worker is a 34-year-old male, with a reported date of injury of 02/20/2007. The diagnoses include lumbar spine radiculopathy, other pain disorder related psychological factors, and lumbar failed back syndrome. Treatments to date have included oral pain medications. The progress report dated 03/23/2015 indicates that the injured worker complained of low back and left leg pain. It was noted that there had been little change in the pain since the last visit. The injured worker had quite severe depression related to the chronic pain and isolation due to the disability. He has had a psychological evaluation but had not had treatment. The physical examination showed a mood and affect that revealed that the injured worker was in depression, negative straight leg raise test on the right, positive straight leg raise test, left lumbar facet pain at L3-S1, pain over the lumbar intervertebral spaces on palpation, tenderness to palpation of the lumbar paraspinal muscles, an antalgic gait, limited lumbar range of motion with pain, and decreased sensation in L4-5 and L5-S1 on the left. The treating physician requested sixteen cognitive bio-behavior therapy sessions. It was noted that the injured worker had been having a great deal of stress and functional decline due to pain-related limitations. On 04/06/2015, Utilization Review (UR) modified the request to allow for an initial four sessions of cognitive bio-behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive bio-behavioral therapy 2 times 8 qty: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 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 been experiencing symptoms of depression secondary to his work-related orthopedic injury and chronic pain. It was noted in the March 2015 PR-2 report that the injured worker had completed a psychological evaluation with [REDACTED] and that follow-up psychological services were recommended, which the request under review is based. Unfortunately, [REDACTED] psychological evaluation was not included for review to confirm the recommendations. Additionally, the CA MTUS recommends an "initial trial of 3-4 visits" for the treatment of chronic pain and the ODG recommends an "initial trial of 6 visits" for the treatment of depression. Utilizing both guidelines, the request for an initial trial of 16 visits exceeds the recommended number of initial sessions. As a result, the request for 16 cognitive bio-behavioral therapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request. This request is not medically necessary.