

Case Number:	CM15-0088492		
Date Assigned:	05/12/2015	Date of Injury:	03/13/2007
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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 34-year-old male, who sustained an industrial injury on March 13, 2007. The mechanism of injury was not provided. The injured worker has been treated for back complaints. The diagnoses have included chronic mid-back pain, chronic low back pain, anxiety, depression and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, acupuncture treatments and lumbar spine surgery. Current documentation dated April 24, 2015 notes that the injured worker reported constant mid to low back pain with radiation to the left lower extremity. The pain was rated a four out of ten on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the intervertebral discs and paraspinal muscles. Range of motion was noted to be painful and decreased. Motor strength was grossly normal. The injured worker was noted to have continued anxiety and depression related to the chronic pain. The treating physician's plan of care included a request for cognitive behavior therapy # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 24-25. 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; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker experiences chronic pain because of his work-related injury. It is also noted that he experiences symptoms of depression and anxiety secondary to his chronic pain. Although the injured worker experiences both chronic pain and psychiatric symptoms, he has yet to complete a thorough psychological evaluation. A psychological evaluation not only offers more specific diagnostic information, but also provides appropriate treatment recommendations. Without this evaluation, the request for CBT sessions is premature. As a result, the request for 12 CBT sessions is not medically necessary.