

Case Number:	CM14-0152541		
Date Assigned:	09/22/2014	Date of Injury:	11/18/2005
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Injured worker is a 37 year old male with date of injury 11/18/2005. Date of the UR decision was 9/9/2014. Report dated 9/15/2014 listed diagnosis of chronic pain in lower back, Disc bulging, protrusion and ridging, most pronounced at L3-L4 and L4-L5. It was suggested that Lyrica 75 mg was recently approved; however physical therapy and cognitive behavioral training were denied. Report dated 8/25/2014 stated that injured worker "presented with low back pain radiating to the left sciatic region into the posterior thigh and down to the ankle." It skipped the calf area. He has not consulted with any physician since 2011. It was indicated that with cessation of medication, the severity of pain had increased. Lyrica had reduced the severity of neuralgia in his legs. Pain in the back was starting to return. Fusion was recommended. He has found that traction on his back in the past had significantly reduced the severity of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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). Upon review of the submitted documentation, it is gathered that the injured worker has not had treatment with physical medicine. At this time as the injured worker has not undergone physical therapy yet which is recommended per the guidelines before a CBT referral is made, the request for 12 Cognitive Behavioral Therapy Sessions is not medically necessary.