

Case Number:	CM14-0167552		
Date Assigned:	10/14/2014	Date of Injury:	09/30/2013
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Psychology 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:

The claimant is a 37-year-old male () with a date of injury of 9/30/13. The claimant sustained injury to his back when he lifted an empty propane tank that weighed about 15 pounds from the ground to the back of a forklift. The claimant sustained this injury while working for . In his "Workers' Compensation Orthopedic Evaluation" dated 9/4/14, diagnosed the claimant with: (1) Acute low back pain; and (2) Lumbar radiculopathy. Additionally, in the PR-2 report dated 8/29/14, diagnosed the claimant with: (1) Inflammation, sacroiliac joint, sacroiliitis; and (2) Sacroiliac pain. The claimant has been treated with medications, physical therapy, chiropractic, injections, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 3x weekly for 4 weeks per report dated 8/28/14 Qty: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions; ODG Cognitive Behavioral Therapy (CBT) guidel.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in September 2013. In his evaluation report dated 8/28/14, [REDACTED] wrote, "Given the chronicity of his pain and significant stress and anxiety, I need him to get some Cognitive Behavioral Therapy." The request under review is based on [REDACTED] recommendation. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." The claimant has yet to complete a psychological evaluation that would not only present more specific diagnostic information, but also provide appropriate treatment recommendations. Without an evaluation, the request for psychotherapy is premature. Additionally, the request for 12 sessions at 3X/week for 4 weeks exceeds the initial number of recommended trial sessions as set forth by the CA MTUS. As a result, the request for "Cognitive behavioral therapy 3x weekly for 4 weeks per report dated 8/28/14 Qty: 12.00" is not medically necessary.