

Case Number:	CM14-0082818		
Date Assigned:	07/21/2014	Date of Injury:	08/13/2008
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old female who reported an injury on 08/13/2008. The injured worker's diagnosis was noted to be lumbar strain, moderate, chronic, recurrent, progressive. Prior treatments were noted to be medications and therapy. Diagnostic testing was noted to be x-ray and MRI of the lumbar spine. Prior surgeries were noted to be spinal fusion. Her subjective complaints were noted to be flare-ups of back pain. The objective findings were noted to be limited range of motion secondary to pain. Sensation was lightly diminished in the right lower extremity of the L5 and S1 distribution; +1 deep tendon reflexes in the right lower extremity and positive straight leg raise at extension of 90 degrees. The treatment plan includes medications and followup appointment. The rationale for the request was not noted within the clinical examination. A request for authorization form was provided and dated 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF COGNITIVE BEHAVIORAL TRAINING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines recommend behavioral interventions. 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. Cognitive behavioral therapy guidelines for chronic pain include a 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 a cognitive motivational approach to physical medicine. An initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended by the guidelines. The guidelines continue to recommend a total of up to 6 to 10 visits over 5 to 6 weeks with evidence of objective functional improvement. The documentation submitted for review does not support objectively risk factors for delayed recovery or fear avoidance beliefs. The documentation provided did not indicate physical medicine used as a cognitive motivational approach. In addition, the provider's request for 12 sessions is in excess of the guideline recommendations. Therefore, the request for 12 sessions of cognitive behavioral training is not medically necessary.