

Case Number:	CM15-0116839		
Date Assigned:	06/25/2015	Date of Injury:	08/14/2009
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46-year-old male and sustained an industrial injury on 8/14/09 to his back from a cumulative trauma injury. As a result of the cumulative trauma he developed not only back pain but pain in the lower extremities, right knee and both elbows. He had an anterior lumbar inter-body fusion from L4-S1 (11/14/13) and post-operatively he felt numbness in the entire left thigh, calf, and first toe. He currently complains of right elbow pain radiating to the 4th and 5th fingers of the right hand (5/10); left elbow pain (surgery 5/15/15) pain level 5/10; low back pain; pain in both lower extremities and feet; numbness in the left lower extremity; right knee pain (sustained a work related injury to the right ankle in 2006) pain level of 5/10; right ankle pain; pain and numbness in the left arm and hand; headache; dizziness; shortness of breath; sleep problems; mood problems; and memory problems. Medication is Neurontin. Diagnoses include anterior lumbar inter-body fusion from L4-S1 (11/14/13); left ulnar nerve surgery (2010); right ulnar nerve surgery in 2010 and 2013; arthroscopic surgery to right ankle 2014; right knee arthroscopy and chondroplasty (6/30/14); depression; and anxiety. Treatments to date include medication; psychiatric evaluation (2/3/15). Diagnostics include electromyography / nerve conduction study of the bilateral lower extremities (2/2/15) suggesting chronic left L4-5 radiculopathy; MRI right knee, lumbar spine (2010). In the evaluation, dated 2/3/15 the treating provider's plan of care includes request for 10 psychological visits emphasizing behavioral-cognitive and relaxation techniques. He has had prior psychological and psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT 10 Cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS recommends consideration of psychotherapy after 4 weeks if there is lack of progress from physical medicine alone, beginning with an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be considered medically appropriate. Per the submitted documents, the patient has had prior psychotherapy consultation, making the non-certification per utilization review appropriate given the lack of explanation to clarify the need for further treatment. At this time, therefore, based on the guidelines and provided records, the request is not considered medically necessary.