

Case Number:	CM15-0177664		
Date Assigned:	09/18/2015	Date of Injury:	08/30/2010
Decision Date:	10/26/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/09/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 29-year-old male who sustained an industrial injury on 08/30/2010. He is status post lumbar fusion and continues to complain of low back pain. Treatment to date has included 4 CBT visits between 12/2014-02/2015, lumbar surgery, epidural steroid injection, facet joint injection, physical therapy and medication management. Medications include Lyrica and Percocet (since at least 01/2012). CBT notes from 01/2015-02/2015 do not reflect progress. Discussion included guided imagery, recommendation for mindfulness meditation, behavior activation and attention diversion. There was no report of the patient's progress or effect on his pain tolerance. Recent progress reports dated 06/08/2015 and 07/20/2015 show painful lumbar flexion of 60 degrees and extension of 10 degrees. ██████████ noted that the patient was having difficulty decreasing his Percocet below 3 per day. He felt there was nothing further he could offer and wished to transfer care to another physician. He recommended a functional restoration program or Suboxone to relieve the need for ongoing opioids. The patient was not interested in a spinal cord stimulator. His diagnoses include lumbar degenerative disc disease, psychological factors affecting medical condition, and radiculopathy. UR of 08/13/2015 noncertified a request for 8 additional cognitive behavior therapy visits-1 per week for 8 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional cognitive behavioral therapy visits, 1 per week for 8 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: CBT is recommended as evidence based literature has shown that individual psychotherapy is beneficial in helping patients develop coping skills to manage chronic pain. Per ODG, an initial trial would be 3-4 sessions over 2 weeks, followed by evaluation for objective functional improvement prior to certification of additional services. The patient received four sessions between 12/2014-02/2015 without documented objective functional improvement. There is no evidence that he is utilizing skills he may have learned. [REDACTED] [REDACTED] has recommended a functional restoration program, which may be of more benefit to this injured worker. This request is not medically necessary.