

Case Number:	CM15-0037095		
Date Assigned:	03/05/2015	Date of Injury:	09/17/2008
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 51 year old female, who sustained an industrial injury on September 18, 2008. The diagnoses have included lumbar strain, Quadratus lumborum strain, ligament and muscle strain and spasm and bilateral L5 lumbar radiculopathy. Treatment to date has included medications, Magnetic resonance imaging. Currently, the injured worker complains of lumbar spine pain which radiates to the bilateral lower extremities through the hips. In a progress note dated January 27, 2015, the treating provider reports examination of lumbosacral spine reveals tenderness to palpation over the lumbar paraspinals, limited range of motion, positive straight leg raise and diminished sensation in the L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy times 18 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 Cognitive Behavioral Therapy (CBT).

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 suffers from chronic pain secondary to industrial trauma. The request for Cognitive Behavioral Therapy times 18 sessions exceeds the guideline recommendations for the total number of sessions for treatment of chronic pain.

Psychopharmacology Consults times 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it has been suggested that the injured worker has completed a Psychological consultation and has been diagnosed with Major Depressive Disorder and Panic disorder without agoraphobia. A referral to Psychiatry is indicated per the above quoted guidelines. However, the request for 10 sessions/ Psychopharmacology Consults times 10 is excessive and not medically necessary.