

Case Number:	CM15-0068623		
Date Assigned:	04/16/2015	Date of Injury:	02/10/2014
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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

Certification(s)/Specialty: Psychologist

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 39 year old male, who sustained an industrial injury on 2/10/2014. Diagnoses include cervicalgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, depression, right elbow pain, medial and lateral epicondylitis and extensor tendon tear. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications and lumbar medial branch block. Per the Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported that medications are helping but he is unable to tell if he received any relief from a recent medial branch block. Physical examination revealed a positive straight leg raise test into the bilateral legs. Facet test and Spurling's test were noted to be positive. Sensation was decreased to light touch in the bilateral lower extremities. Strength testing revealed weakness upon dorsiflexion. There was tenderness to palpation noted over the lumbar paraspinal muscles, scapular border and right and left medial and lateral epicondyles. The plan of care included medications, urine drug testing, and psychological evaluation. Authorization was requested for 6 cognitive behavioral therapy sessions and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury. He has also been exhibiting symptoms of depression. Based on his chronic pain and symptoms of depression, the injured worker was referred for a psychological evaluation and 6 follow-up psychotherapy sessions. The injured worker has yet to complete the psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without this evaluation, the request for follow-up psychotherapy sessions is premature. Therefore, the request for an initial 6 CBT sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for 3 psychotherapy sessions in response to this request.