

Case Number:	CM15-0075620		
Date Assigned:	04/27/2015	Date of Injury:	08/29/2012
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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 40 year old male, who sustained an industrial injury on August 29, 2012. He reported low back pain. The injured worker was diagnosed as having post-laminectomy syndrome, displacement of lumbar intervertebral discs without myelopathy, degeneration of lumbosacral intervertebral discs, thoracic neuritis, left lower extremity radiculitis, diffuse regional myofascial pain, chronic pain syndrome with sleep and mood disorder and fibromyositis. Treatment to date has included diagnostic studies, radiographic imaging, lumbar surgery, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated bilateral hip pain, buttock and thigh pain and left lower extremity pain with associated numbness. He also reported anxiety and depression secondary to constant pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 31, 2014, revealed continued pain and associated symptoms 2 ½ months post lumbar surgery. Cognitive behavioral therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines.

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 recommend 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 has completed 4 psychotherapy sessions focused on CBT approach but there is no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 8 more Cognitive Behavioral Therapy sessions is not medically necessary at this time.