

Case Number:	CM15-0079716		
Date Assigned:	04/30/2015	Date of Injury:	05/04/2004
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on May 4, 2004. The injured worker was diagnosed as having cervical disc disorder and post cervical laminectomy syndrome. Treatment to date has included physical therapy, cervical collar, and medication. Currently, the injured worker complains of lower backache. The Primary Treating Physician's report dated April 8, 2015, noted the injured worker reported his pain with medications as 5 on a scale of 1 to 10, and without medications an 8 on a scale of 1 to 10. The current medications were listed as Citalopram, Promethazine, Norco, Tizanidine, MS Contin, Carvedilol, Hydralazine, Potassium Chloride, Vitamin C, and Vitamin D3. Physical examination was noted to show the thoracic spine paravertebral muscles with tenderness on both sides. The treatment plan was noted to include decreasing the MS Contin, continue with all other medications at current doses, approved for psychological visit, and evaluation for cognitive-behavioral therapy and pain-coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, p100-101 Page(s): 100-101.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. When seen on numerous visits the requesting provider documents the member as appearing disheveled and depressed. Medications include opioids with a goal of medication reduction. When seen, pain was rated at 5-8/10 and he was having difficulty sleeping. Authorization for an evaluation for cognitive behavioral treatment was requested. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has chronic pain impacting him physically and psychologically. The request for an evaluation for cognitive behavioral therapy is therefore medically necessary.