

Case Number:	CM15-0079907		
Date Assigned:	04/30/2015	Date of Injury:	11/10/1999
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
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: 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 58 year old female, who sustained an industrial injury on November 10, 1999. She reported neck, back, right wrist and bilateral hip pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome and low back pain. Treatment to date has included radiographic imaging, diagnostic studies, lumbar surgeries, conservative care, epidural injections, psychotherapy and work restrictions. Currently, the injured worker complains of chronic low back pain and low mood. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 24, 2015, revealed continued chronic back pain and a reportedly low mood. She reported frustration for the delay in cognitive behavioral therapy (CBT). Additional CBT 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 x 6 sessions (chronic pain): Upheld

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 Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Behavioral Therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation (report dated 4/2/15) and 4 follow-up psychotherapy sessions with treating psychologist, [REDACTED]. The request under review is for an additional 6 CBT sessions. Unfortunately, there are no medical records submitted from [REDACTED] other than the initial consultation. Without information about the services provided including the objective functional improvements made from those 4 sessions, the need for any additional treatment cannot be fully determined. As a result, the request for an additional 6 sessions is not medically necessary.