

Case Number:	CM15-0099740		
Date Assigned:	06/02/2015	Date of Injury:	09/28/2009
Decision Date:	08/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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:

This 34 year old female sustained an industrial injury on 9/28/09. She subsequently reported back and hip pain. Diagnoses include lumbosacral radiculopathy, fibromyalgia/ myositis and herniation of the lumbar disc. Treatments to date include x-ray and MRI testing, injections, acupuncture and prescription pain medications. The injured worker continues to experience back pain that radiates to the lower extremities. Upon examination, there is pain to palpation of the lumbar facet bilaterally at L3-S1 region. Lumbar range of motion is restricted and produces pain. Motor strength is grossly normal. A request for Cognitive behavioral therapy 2 times a week for 6 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Interventions; 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 her injury in 2009. In the PR-2 report of May 2015, [REDACTED] recommended psychological services to help the injured worker learn skills to more effectively manage her pain. The request under review, 12 psychotherapy sessions, is based on this recommendation. Unfortunately, the injured worker has yet to complete a thorough psychological evaluation that will not only provide more specific diagnostic information, but also present appropriate treatment recommendations. Without this evaluation, the request for psychotherapy sessions is premature. As a result, the request for CBT 2 times a week for 6 weeks is not medically necessary.