

Case Number:	CM14-0200557		
Date Assigned:	12/10/2014	Date of Injury:	09/06/2001
Decision Date:	11/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 is a 54 year old male whose date of injury was 9-6-01. Medical documentation indicated the injured worker was treated for chronic pain syndrome, lumbar sprain-strain, lumbar degenerative disc disease, and post laminectomy syndrome of the lumbar spine. On 10-20-14 the injured worker reported continued back pain which he rated a 7 on a 10-point scale (5 on 10-8-14). He reported difficulty with sleep and noted that he was spending most of his time either reclining or in bed. Since his previous session of cognitive behavioral therapy the injured worker's somatic complaints remained the same, pain complaints remained the same, functional complaints decreased, and depression and anxiety decreased. Since initiating cognitive behavioral therapy the injured worker's tolerance for work functions and-or activities had increased, his strength and endurance had remained the same and his reliance on other forms of treatment had remained the same. A request for authorization for 4 additional cognitive behavioral therapy (psychotherapy) sessions as an outpatient for the management of chronic lumbar pain between 11-17-14 and 1-1-15 was received on 11-14-14. On 11-24-14, the Utilization Review physician determined 4 additional cognitive behavioral therapy (psychotherapy) sessions as an outpatient for the management of chronic lumbar pain between 11-17-14 and 1-1-15 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral therapy (psychotherapy), 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed a comprehensive cognitive behavioral evaluation with [REDACTED] on 9/15/14. In the report, [REDACTED] recommended follow-up psychological services, which commenced on 9/22/14. It appears that the injured worker completed a total of 4 initial psychotherapy sessions between 9/22/14 and 10/20/14. In the PR-2 report dated 10/20/14, [REDACTED] presents relevant information regarding the injured worker's continued symptoms despite having made some progress. It is recommended in the report, that the injured worker be provided an additional 4 psychotherapy sessions, for which the request under review is based. For the treatment of chronic pain, the CA MTUS recommends an "initial trial of 3-4 visits" and "with evidence of objective functional improvement, total of 6-10 visits" may be provided. Utilizing this guideline, the request for an additional 4 CBT sessions falls within the range of the total number of visits set forth by the CA MTUS and it appears reasonable. As a result, the request for an additional 4 CBT psychotherapy visits is medically necessary.