

Case Number:	CM13-0027416		
Date Assigned:	11/22/2013	Date of Injury:	11/02/2007
Decision Date:	04/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, psychological stress, and major depressive disorder reportedly associated with an industrial injury of November 2, 2007. Thus far, the applicant has been treated with following: Analgesic medications, attorney representation; psychotropic medications; long and short-acting opioids; transfer of care to and from various providers in various specialties; an L4-L5 microdiscectomy on March 28, 2008; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 29, 2013, the claims administrator partially a request for 12 sessions of cognitive behavioral therapy as trial of six sessions of cognitive behavioral therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a medical legal evaluation of June 4, 2013, it is noted that the applicant's case and care have been complicated by comorbidities including diabetes, hypertension, and a stroke. The applicant is apparently using a wheelchair to move about. An August 6, 2013 progress note is notable for comments that the applicant has ongoing issues with depression, chronic low back pain, stroke, and adjustment disorder. Cognitive behavioral therapy is apparently sought. The applicant "remains disabled." It is suggested that the applicant has had prior cognitive behavioral therapy as the primary treating provider states that he is seeking records associated with the same. On May 14, 2014, the applicant was again described as remaining off of work, on total temporary disability, and was apparently opposed to pursuit of cognitive behavioral therapy for treatment of depression and adjustment disorder as he believes that said treatment would hurt him.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE A WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MENTAL ILLNESS & STRESS (UPDATED 05/13/13), COGNITIVE THERAPY FOR DEPRESSION/PSYCHOTHERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401,,Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS TOPIC Page(s): 23,. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 15, 400-401, 405

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, pages 400-401 do support cognitive techniques and cognitive behavioral therapy, ACOEM does support interval follow-up visits with the primary treating provider (PTP) to ensure that applicants are responding appropriately to treatment as evidence of failure to improve, per ACOEM, maybe due to an incorrect diagnosis, unrecognized medical or psychological conditions or psychosocial stressors. In this case, the 12-session course of treatment does not allow for interval reassessment of the applicant to ensure that said cognitive behavioral therapy is beneficial. It is further noted that the 12-session course of treatment does, in and of itself, represent treatment in excess of the 6- to 10-session course recommended on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines for psychotherapy for chronic pain. In this case, the applicant is seeking psychotherapy for depression. Nevertheless, by analogy, the 12-session course of treatment does represent treatment well in excess of MTUS parameters. It is further noted that it has not been clearly stated how much prior psychotherapy (if any) the applicant has had to date and/or what the response was. Therefore, the request for cognitive behavioral therapy once a week for 12 weeks is not medically necessary and appropriate.