

Case Number:	CM13-0035734		
Date Assigned:	12/13/2013	Date of Injury:	11/29/2006
Decision Date:	02/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

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 Psychology, has a subspecialty in Health Psychology and Pain Management 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.

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 patient is a 55 year old male reported having an industrial injury on November 28, 2006 when he was working as a cement truck operator and tore his right rotator cuff. He has not been able to work for most of the time since the accident. He has had five shoulder surgeries but still reports both right and left shoulder pain as well as chronic and constant neck pain that radiates to both shoulders. His medication treatment includes Norco, Skelaxin and Lunesta. He has had extensive medical care and pain management with his primary physician and at least 26 sessions of physical therapy. He is diagnosed with chronic pain syndrome with iatrogenic narcotic dependency, and Major Depressive Episode, single episode, moderate. He is being treated for the depression with Cymbalta and has reported good improvement from it. He also is having insomnia. A request for authorization for four sessions of cognitive behavioral therapy and for pain rehab program x 20 days were both non-certified because requested information was not provided demonstrating either medical necessity or the effectiveness of the treatments that were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy time 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Cognitive behavioral therapy Page(s): 23.

Decision rationale: A careful review of the medical file as it was provided, which consisted of approximately 152 pages of only the most recent documents does not support his treatment with cognitive behavioral therapy as it is presented and the decision of not being medically necessary is upheld. Given that this patient has been injured and unable to work for approximately 8 years now and has had extensive medical surgeries and procedures and conservative pain management efforts such as physical therapy all with only minimal benefit, and that based on what is briefly reported in this file is now and has been suffering from depression, I feel that in fact this patient would be a good candidate for a trial of cognitive behavioral therapy, it is just that the documentation is missing from this file. What is included is a few references to psychological reports that were not included or did not adequately address critical issues such as: what symptoms of depression in his own words is he having and how would they be addressed with CBT. According to the official disability guidelines an initial trial of 3-4 sessions is needed followed by "objective functional improvement" that must be documented from the initial trial and then if and only if there is benefit then an additional set of sessions can be authorized up to a total of 10 sessions, with the possibility of a total of 20 with continued documentation of specific objective increase in functional capacity. All that I was able to see this report was a note that he had 5 sessions that he did not feel benefited him and that the doctor did not get to really know him. There is reference to a situation where he was referred to a therapist who did not actually have an office in geographic area after an initial assessment, and a Beck depression inventory dated 10/11/13 that suggests no current depression at all. Some sample questions: "I do not feel sad, I am not discouraged." Other than a diagnosis of depression, insomnia and the use of Cymbalta there is nothing to validate his depression which may or may not be considerable. Additional detailed documentation is needed and therefore the request to overturn the decision is denied.

Multidisciplinary pain rehab program times twenty (20) days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs), Page(s): 30.

Decision rationale: Even more than outpatient CBT sessions (see above) this patient should have a course of multidisciplinary pain rehab program 20 days. The chronic nature of his pain condition and failure of all prior treatments combined with his heavy use of opiates put this particular patient in a group where such a program IS both medically necessary and this type of program has been shown to be empirically valid. The patient has actively stated he does not want more therapy and that his depression has improved to the point where he is not depressed based on the information provided for this review. Should a detailed and specific documentation of his willingness to engage in such a program with all the effort he can and that he is in fact depressed then this matter should be reconsidered. Without both of those factors this decision must be upheld.

