

Case Number:	CM13-0043286		
Date Assigned:	01/10/2014	Date of Injury:	05/16/2009
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 35-year-old female with date of injury of 05/16/2009. Per treater's report 09/26/2013, listed diagnoses are lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, hip or thigh strain. The patient has pain at 4/10 in the back and the neck. Taking naproxen and tramadol with the pain reduced to 4/10 from 7/10. The treatment plan indicates that depression screening was done, denies suicidal ideation, would like to pursue CBT x10, and psychological consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY TIMES TEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 23.

Decision rationale: This patient presents with chronic neck, thoracic, low back pain, and hip pains. The treating physician has asked for cognitive behavioral therapy, 10 sessions, to address the patient's depression. MTUS Guidelines supports psychological treatment. It is recommended

for appropriately identified patients during treatment for chronic pain. However, MTUS page 23 under behavioral intervention, it states that it is recommended, but that an initial trial of 3 to 4 psychotherapy visits should occur over a couple of weeks and with evidence of objective function and improvement, a total of up to 10 visits over 5 to 6 weeks for individual sessions. Treating physician documents that this patient presents with depression and cognitive behavioral therapy is recommended. Cognitive behavioral therapy may be indicated in this patient, but MTUS Guidelines recommends an initial trial of 3 to 4 sessions before providing up to 10 visits. The current request for 10 sessions exceeds what is recommended for initial trial per MTUS Guidelines. Recommendation is for denial.