

Case Number:	CM13-0045166		
Date Assigned:	12/27/2013	Date of Injury:	05/07/1998
Decision Date:	04/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 Clinical 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. 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 patient is a 64-year-old male who reported a work related injury on May 7, 1998. At that time, he was working in his normal duties as a housekeeping supervisor for [REDACTED] when he was hit in the head by a frame that had been held by a coworker as they were doing some electrical work, his neck was injured and a disc herniated. There are notes of another injury that occurred at a different time. There is a notation of shoulder injury with status post arthroscopic surgical repair of the shoulder. There are also notes that while working at [REDACTED] there were problems with "systematic harassment and mismanagement." He reports increased neck pain recently, increased in the past year or so, whenever he turned his head look behind him, or at night while driving, with increased complaints of numbness in his hand with decreased dexterity. The patient has a diagnosis of degeneration of the cervical intervertebral disc anxiety disorder. The patient is being treated with psychiatric medications for anxiety, panic attacks, and insomnia. There is a note that states he suffers from anxiety and obsessive-compulsive disorder (OCD). A full psychiatric diagnosis and evaluation was provided in March of 2013 and he was diagnosed with Depressive Disorder, not otherwise specified, and Major Depressive Disorder, recurrent; also was a diagnosis of "Chronic pain disorder status post injuries as workplace when he was the victim of harassment." The full psychological evaluation diagnoses do not mention OCD or anxiety. Recent progress notes state his mood is depressed and he is nervous, anxious and irritable. He is continuing to take psychiatric medications for anxiety and sleep and he is being followed up once a month in psychiatry. The request is for cognitive behavioral therapy once a week for six (6) weeks.

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 SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, an initial trial of 3 to 4 cognitive therapy sessions can be authorized over a two-week period and up to a maximum of 6-10 sessions over a five to six-week period, if and only if, there is documented evidence of objective functional improvement from the first block of sessions. The request for six (6) sessions exceeds the maximum amount of sessions that would be authorized for an initial trial of 3-4 sessions and reflects the lower end of the maximum sessions this patient could potentially receive if medically necessary. There was, however a full evaluation already conducted in contrast to what the original denial states. The final issue is that of medical necessity for cognitive behavioral therapy (CBT). The patient is currently receiving Psychiatric care and medication and appears to be benefiting from both. The case for what the CBT would be treating and what symptoms could be expected to improve was not adequately made to demonstrate medical necessity of starting a course of therapy from this 1998 injury. Finally, it is unclear if he has, or has not already had a CBT or psychotherapy. Therefore, the request is not certified.