

Case Number:	CM13-0049868		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Psychiatry, 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:

A 60 year old male with date of injury 4/9/2012. Date of UR decision was 10/25/2013. Mechanism of injury was a sink falling on his face while he was doing maintenance work, which resulted in multiple physical injuries leading to chronic pain. He started experiencing psychological symptoms of depression secondary to the industrial injury. Has been diagnosed with Major Depressive Disorder, single episode and Pain disorder associated with Psychological factors and general medical condition. Progress report from 10/27/2013 reports that injured worker "continues to struggle with more moderate feelings of depression with a like degree of emotional fragility" Progress report from 12/29/2013 states that he has started receiving CBT. Psychotropic medication prescribed for the depressive and anxiety symptoms was sertraline. AME report by Psychiatrist on 08/05/2013 summarizes the events that result in PTSD s/p trauma, cognitive symptoms related to the head trauma and the sleep and mood disturbance the injured worker experiences as a result of the industrial injury. Progress report by Psychologist from 11/21/2013 states the objective findings of injured worker being "overtly tearful" subjective complaints are of nightmares.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTAL HEALTH THERAPY (2 TIMES PER MONTH FOR 9 MONTHS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) It is unclear as to what the provider means by "mental health therapy". The injured worker has been receiving CBT sessions. Additional information as to what exactly is meant to be achieved by mental health therapy and the type of therapy that is intended to be performed on injured worker is needed to affirm medical necessity.

PSYCHOLOGICAL COUNSELING AND COGNITIVE THERAPY (1 TIME PER WEEK FOR 3 MONTHS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has had initial trial of 4 sessions. Guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions) with evidence of "objective functional improvement" from the initial trial. Request for 1x week for 3 months i.e. 12 more CBT sessions is excessive and the medical necessity cannot be affirmed at this time.â¿¿

