

Case Number:	CM13-0053042		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2011
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology, has a subspecialty in Geriatric Psychiatry and Addiction Medicine is licensed to practice in California and Texas. 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 physician 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:

Records reviewed include 64 pages of administrative and medical records. The claimant is a 61 old female with the diagnosis of pain disorder with general medical condition and psychological factors. Her date of injury is 11/17/2011, the nature of which was repetitive job duties requiring her to lift and carry flats of plants and potted plants from large racks to place on display, resulting in low back pain. She received a series of epidural steroid injections as well as physical therapy. Current medications appear to be Soma 250mg up to 1 ½ per day, omeprazole, Lipitor, Lexapro, and Trazodone 150mg ¼-1 ½ tablet per day. It appears that CBT may have begun around May 2013 when a request was placed during a comprehensive physical medical evaluation. At that time it was noted that the patient's pain had worsened with physical therapy and epidural steroid injections, and there was only temporary relief with acupuncture and chiropractic treatments. Her FABQ score was 42, indicating a high risk for delayed recovery due to fear avoidance beliefs. CBT was recommended to help her develop more effective pain coping skills and muscle relaxation techniques to help her sleep and better manage her pain. An initial secondary treating physician's progress report of 07/31/13 by [REDACTED] show subjective complaints since the injury of lack of interest in sex, disrupted sleep, weight gain of 65 lbs, memory loss, feelings of hopeless, anxiety attacks, restlessness, and panic attacks. In addition, she was noted to have occasional tearfulness, short temperedness, frustration, poor self-esteem, poor concentration, inability to make decisions, isolation, and poor motivation. She was concerned about frequent falling and fears about her future and becoming homeless. She has difficulty getting in and out of the car and was unable to attend to house and yard work. Beck Anxiety Inventory=17 (moderate level of anxiety), Zung Depression Scale=69 (moderate to severe level of depression), Epworth Sleepiness Scale=2 (indicates that she is getting adequate

sleep). She was given the diagnoses of pain disorder with medical conditions and major depressive disorder. Treatment plan at that time included individual psychotherapy and/or CBT once per week. The following secondary treating physician's progress reports were reviewed: 8/30/13 shows subjective complaints of increased anxiety attacks, feelings of being "out of her body", detached, more negative and feeling hopeless that she is not going to get better and be able to support herself, and she fell again, which frightened her. Treatment plan of individual psychotherapy and/or CBT weekly continued. 9/30/13: Had a pain episode that sent her to the ER and frightened her, more negative things kept piling up. She was scared about her future and does not have anyone to care for her. She was unable to sit in a regular chair for any length of time which she finds embarrassing and upsetting. Her house is a mess and she needs to find help to clean it. She also believes that the small tasks of housekeeping sent her to the ER. She does not have money for gas. 12/31/13 shows subjective complaints that she broke a toe then smashed a glass coaster on the floor that shattered and put shards into her foot. She was by herself and had to call for help, eventually going to the doctor as her friend was unable to get out all of the shards and she was in pain and unable to walk. This reminded her of how physically limited she is, creating significant anxiety. She continues to be baffled and angered by the denials for things that can help her feel better. She is described as having made progress with "positive self-talk and spiritually to lessen her fears and isolation".

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines for Chronic Pain.

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

Decision rationale: It is unclear from records provided when this treatment was initiated as well as its duration. According to records reviewed, it appears that CBT may have been recommended around May 2013, however it is unclear if that is the initial recommendation made. There is no objective evidence from records provided that there has been any functional improvement which would support continuing approval of this treatment. The patient continues to evince the same, or even worsening, symptoms in each progress report reviewed. What is also unclear is whether or not the patient is receiving individual psychotherapy in conjunction with cognitive behavioral therapy, as no documentation is provided to reflect this. Each treatment plan shows individual psychotherapy and/or CBT 1x/week. As such, cognitive behavioral therapy x1 week is non-certified.

Individual psychotherapy x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Cognitive Behavioral Therapy Guidelines for Chronic Pain.

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

Decision rationale: It is unclear from records provided when this treatment was initiated as well as its duration. According to records reviewed, it appears that CBT may have been recommended around May 2013, however it is unclear if that is the initial recommendation made. There is no objective evidence from records provided that there has been any functional improvement which would support continuing approval of this treatment. The patient continues to evince the same, or even worsening, symptoms in each progress report reviewed. What is also unclear is whether or not the patient is receiving individual psychotherapy in conjunction with cognitive behavioral therapy, or if this is one and the same treatment. As such there is no documentation to adequately reflect which treatment is actually given and what benefit, if any, have been derived. As such, individual psychotherapy x1 week is non-certified.