

Case Number:	CM13-0059703		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2009
Decision Date:	03/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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:

The patient is a 52 year old male with date of injury 05/13/2009. The worker had a lifting injury after which he underwent right carpal tunnel surgery in 05/2011 and lumbar fusion in 06/2011. Per psychologist report on 11/08/2013, he was diagnosed with adjustment disorder with mixed anxiety and depressed mood and panic disorder with medical and psychological disorders. Per progress report by psychiatrist on 02/04/2013, the injured worker had a difficult childhood and had decline in mood, sleep, anxiety level after the work related injury. He was being treated with Cymbalta 60 mg for about a year, as needed Lorazepam for panic like symptoms and Lunesta for insomnia with no significant relief from any of these per progress reports from the psychologist. On 10/24/2013, the injured worker attended his 24th visit with psychologist focused on CBT approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of cognitive behavioral psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Section Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress, Cognitive Therapy for Depression

Decision rationale: The 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. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 24 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 10 more CBT sessions is not medically necessary and will be denied.