

Case Number:	CM13-0060148		
Date Assigned:	04/25/2014	Date of Injury:	01/01/2006
Decision Date:	06/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	12/03/2013

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 licensed 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:

According to the records provided for this independent medical review, this is a 67 year old female patient who reported an industrial/occupational work related injury on January 1, 2006. The patient has pain in her lumbar spine that radiates into the lower extremities with pain, paresthasias and numbness. She also has bilateral knee pain. Her medical diagnoses consist of cervical radiculopathy, wrist shoulder and elbow tend/burs, and lumbosacral radiculopathy. The medical notes further discuss that she has pain in multiple body areas involving her neck, lower back, upper and lower extremities resulting in difficulty performing most activities of daily living as well as prolonged periods of sitting, standing, walking stair climbing, and most movement. She has been diagnosed with Depressive Disorder; and Pain Disorder associated with both psychological factors in a general medical condition. She has been taking antidepressant medications. There were very few notes about her current psychological status. There was one note stating the patient reports anger, depressed mood, irritability, panic attacks, struggling with activities of daily living, and being worried about her persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) SESSIONS OF COGNITIVE BEHAVIORAL THERAPY AND RELAXATION TRAINING SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions: Cognitive Behavioral Therapy Page(s): 23-24.

Decision rationale: In conducting the review of this patient's medical charts, 178 pages of medical notes were reviewed. Those notes did not contain any psychological progress notes, although there were a few mentions of the patient receiving cognitive behavioral therapy in the past and at least 8 sessions were authorized for the patient, at a minimum, according to the documentation. There was very little to no information about the patient's overall psychological condition and most importantly no information about her past psychological cognitive behavioral therapy treatments that she has received. Without this documentation, it is not possible to determine whether or not the patient has benefited in any way from prior treatment. The MTUS guidelines state specifically that an initial block of 3-4 sessions of cognitive behavioral therapy may be offered as an initial trial to see if the patient responds by showing functional improvement. It does appear that the patient has had that initial trial of cognitive behavioral therapy. Again there were no notes from these sessions or even a summary of them. MTUS guidelines state that the patient receiving cognitive behavioral therapy can have up to 10 sessions and in some cases with complex diagnoses the ODG guidelines would allow for continue treatment. Therefore, the request to overturn the non-certification of additional therapy sessions is not approved and the original non certification is upheld. Insufficient psychological information was provided to support the medical necessity of this request.