

Case Number:	CM13-0062931		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2012
Decision Date:	05/09/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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:

44y/o female injured worker with date of injury 10/6/12 with related cervical spine pain and pain in the bilateral shoulders. She was diagnosed with neck sprain/strain. MRI of the cervical spine dated 10/10/13 revealed loss of lordosis and small disc bulges at C5-C6 and C6-C7. Treatment to date has included medication management and physical therapy. The date of UR decision was 11/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC PAIN SYNDROME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20,23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23; 101-102.

Decision rationale: The Expert Reviewer's 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) Per 6/4/13 progress report, the injured worker complained of difficulty falling asleep due to pain, waking during the night due to pain, dizziness, headaches, symptoms of depression due to pain or loss of work, decreased muscle mass and strength and decreased energy levels. She rated her pain as 5/10. The documentation submitted for review do not sufficiently establish the medical necessity of CBT, additionally, the request does not specify how many sessions of CBT are sought. Medical necessity cannot be affirmed.