

Case Number:	CM13-0063250		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2006
Decision Date:	05/09/2014	UR Denial Date:	11/14/2013
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:

This 52 year old female injured worker with date of injury 1/13/06. Per 10/28/13 report, she was "very distraught and despondent. She has not gotten any better in the last year partly because she has not been able to get the treatment authorized and also her medication had not been approved. When medications did get approved, she had significant side effects and withdrawal effects. She is very angry and upset. She remains totally disabled from gainful employment. She needs ongoing psychiatric care and treatment to alleviate the effects of the industrial injury along with the cognitive behavioral therapy." She was diagnosed with cervicalgia; neck sprain and strain; lumbar sprain and strain; contusion of knee. The date of UR decision was 11/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE (1) A WEEK FOR SIX (6) WEEKS:

Upheld

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

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) As the request represents a new trial of CBT, a 4 session trial should be initiated. The request for 6 sessions is not medically necessary. It should be noted that the UR decision of 11/14/13 was a modified certification of 4 sessions of CBT. A following UR decision on 12/12/13 authorized a further 6 sessions of CBT.