

Case Number:	CM13-0066460		
Date Assigned:	09/05/2014	Date of Injury:	11/14/2005
Decision Date:	10/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Psychology 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 IMR, this patient is a 59-year-female who reported an industrial/occupational injury that occurred on November 14, 2005. The injury reportedly occurred during her employment for [REDACTED], when she was standing by a door and somebody inadvertently pushed it open and struck her in the face head and neck. She is status post two level cervical discectomy and fusion and has right cervical radiculopathy. She also has been diagnosed with severe bilateral carpal tunnel syndrome and reports tingling, numbness in the small finger to the thumb and relates weakness with gripping, and grasping and states that she drops items. She has the following partial list of medical diagnoses: Cervical and Lumbar Degenerative Disc Disease, Thoracic Sprain/Strain and Myofascial Pain. A psychiatric progress reports from May and a second one from August 2013 state that the patient is experiencing pain in her arm and headache, fatigue, worry and is compliant with the antidepressant Cymbalta which she feels helps with her negative thoughts but is still experiencing a decline in energy. She was diagnosed with: Adjustment disorder with depressed and anxious mood (initial diagnosis); Major depressive disorder, first episode, moderate. In September 2013 a psychiatric progress note from the same provider mentions the patient needs individual cognitive behavioral psychotherapy and request a referral, and in October 2013 there is discussion about a functional restoration program, but it is not clear whether it was authorized, and a repeat request for cognitive behavioral therapy. In November 2013 her medication Cymbalta was increased, the psychological symptoms continued and the patient expressed a desire to have her case settled. There were no additional psychiatric treatment notes from after November 2013. A request was made for 12 sessions of cognitive behavioral therapy he held one time a week for 12 weeks, the request was non-certified. Utilization review rationale for non-certification was stated that "this is an initial request from the provider for cognitive behavioral therapy and it is unclear from the

records whether the claimant has already participated in cognitive behavioral pain program for this injury."

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE A WEEK FOR 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress Chapter: Topic, Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 update.

Decision rationale: Medical records provided for this IMR consisted primarily of five treatment progress notes from a psychiatrist that occurred in late 2013. The patient's injury occurred in 2005, and her psychiatric/psychological treatment history was not provided in significant detail to reflect how long she's been in treatment. It is unclear whether or not she has had any prior psychological cognitive behavioral therapy treatment. This information is needed in order to assess whether or not she might be eligible for treatment. According to the MTUS treatment guidelines cognitive behavioral therapy treatment is recommended initial treatment requests should begin with a brief trial to determine whether or not the patient responds objective functional improvements. This initial treatment trial typically consists of sessions (MTUS) or 4-6 sessions (official disability guidelines ODG). This request for 12 sessions of cognitive behavioral therapy appears to be an initial treatment request. Additional sessions 13-20 may be offered if the patient is showing progress in her treatment. As already mentioned it would be essential to know whether or not she has had prior cognitive behavioral therapy treatment. But as an initial request, 12 sessions does not conform to MTUS protocol/guidelines and is excessive by eight sessions. Therefore, because the request exceeds MTUS guidelines, the request to overturn utilization reviews decision of non-certification is not approved.