

Case Number:	CM13-0067034		
Date Assigned:	05/07/2014	Date of Injury:	05/18/2013
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, 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:

The injured worker is a male with date of injury May 16, 2013. Per pain medicine specialist consultation report, the injured worker presents with chronic back pain, affecting his entire back. The injured worker's pain is described as 8/10, best is 6/10 and is present 90-100% of the time. The pain is described as aching, throbbing, shooting, stabbing, burning, hot and ants crawling. He reports difficulties with initial and terminal sleep cycle, and change in libido. On exam he is noted to have a depressed mood and flat affect. Range of motion is decreased on flexion and extension at the level of the lumbar spine. Facet loading positive bilaterally. Palpation of the lumbar thoracic spine and paraspinal muscles is tender. Negative straight leg raise. Positive Gaenslen's sign. Positive FABER sign bilaterally. Diagnoses include 1) myofascial pain syndrome 2) lumbar spondylosis 3) depression 4) rule out sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) EVALUATION TO HELP INTERPRET MOOD CHANGES: 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 Page(s): 23.

Decision rationale: PHQ-9 risk identification screening tool was utilized with this injured worker with a score of 12, suggestive of minor depressive syndrome. The pain specialist reports that the injured worker may need depression treatment based on his duration of symptoms and functional impairment. In addition, the PHQ-9 reveals that his functionality is not impaired due to depressive symptoms. The injured worker states that he has had mood changes and that this has been noticed by his significant other. He has been limited in walking with no more than one half block and has not been able to perform daily activities such as grocery shopping or housework. Physical manipulation and exercises through his chiropractor have not resulted in an adequate outcome or improvement. Consequently, he is becoming increasingly fear avoidant and pain avoidant, describing risk of new and progressive injury. The requesting physician reports that the injured worker is depressed and requires further evaluation in this respect, as his mood changes appear secondary to his injury and subsequent pain condition. The physician recommends a cognitive behavioral evaluation as part of an interdisciplinary assessment to assist the injured worker interpret these mood changes as an undesirable but common outcome of chronic intractable pain. The claims administrator denied this request because it wasn't clear what the request was for, stating that there is no known procedure entitled "CBT evaluation", and that it is unclear what the purpose of interpreting mood changes is. It is also noted that there was another denial for a request for the HELP Program. It is noted in this review that the request for the HELP Program was approved. It is interpreted that the requesting provider is requesting cognitive behavioral therapy to assist the injured worker to interpret mood changes that have likely occurred secondary to chronic pain. Cognitive behavioral therapy is recommended by the MTUS to identify and reinforce coping skills. The separate request and approval for the HELP Program should have satisfied the requesting physician's intent as it is described as part of a multi-disciplinary pain program providing cognitive behavioral therapy. This request appears reasonable, except that it lacks a specified number of visits and a time period to provide such therapy. The guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks, and a total of 6-10 visits over 5-6 weeks if there is evidence of objective functional improvement. The request for CBT evaluation to help interpret mood changes is determined to not be medically necessary.