

Case Number:	CM14-0100917		
Date Assigned:	07/30/2014	Date of Injury:	02/08/2008
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Child & Adolescent 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:

The injured worker is a 50 year old female who suffered an injury at work on February 08, 2008. Mechanism of injury undisclosed. The injured worker developed chronic low back pain with numbness (radiculopathy) in her lower extremities. Subsequently, chronic pain led to depression symptoms and insomnia. According to the Pain Specialist progress report on May 01, 2014, the injured worker has become increasingly depressed, has had difficulty doing activities of daily living and has impairment in coping skills. The injured worker is prescribed the medications Cymbalta, Topamax and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 2x week x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG: Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for pain.

Decision rationale: The ODG indicate that the treatment of depression secondary to chronic pain can be helped by undergoing cognitive behavioral therapy (CBT). Studies show that CBT can be just as effective as antidepressant medication in these individuals. The guidelines recommend an initial trial of 3 - 4 sessions over two weeks, with additional sessions up to a maximum of ten sessions if there has been objective documented functional improvement from the initial trial. The injured worker is suffering symptoms of depression and has impaired coping skills, and would likely benefit from an initial trial of 3 - 4 sessions as recommended. However, a frequency of two times a week for twelve weeks is premature at this stage in treatment. The request is not medically necessary.