

Case Number:	CM14-0101741		
Date Assigned:	09/24/2014	Date of Injury:	10/27/2011
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family 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:

This is a 62-year-old female patient who reported an industrial injury on 10/27/2011, three (3) years ago, attributed to the performance of her usual and customary job tasks reported to be due to cumulative trauma. The patient complained of lower back pain radiating down both lower extremities left greater than right. The patient had some relief with the epidural steroid injection at L5-S1 on 8/27/2012. The patient also complains of right upper extremity pain and had a second cervical epidural steroid injection. The patient reported decreased headaches after the two cervical spine ESIs. It was noted that there was no reduction in the number of Vicodin taking on a daily basis. The patient was treated for cervical mild ligamentous injury with radicular symptoms in the upper extremities; lumbar mild ligamentous injury with bilateral lower extremity radicular symptoms; possible CTS bilaterally; reactionary depression and anxiety. The patient was prescribed Vicodin ES 7.5 mg b.i.d. PRN; Prilosec 20 mg b.i.d.; Anaprox of and 50 mg b.i.d.; Zanaflex 4 mg one b.i.d.; and DENDRACIN topical analgesic cream. The treatment plan included six additional sessions of CBT once per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Cognitive Behavioral Group Psychotherapy, Once a Week for 6 Weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6--page 115; Pain chapter 2008 pages 224-26. Official Disability Guidelines (ODG) Mental Stress Chapter--psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions

Decision rationale: The patient received prior sessions of CBT with no demonstrated functional improvement. The patient is still noted to take in the same amount of medications and experiencing the same levels of pain. The patient was received the recommended of behavioral therapy recommended by evidence based guidelines. The patient is noted to be three (3) years s/p DOI. The treating physician has provided no rationale supported by objective evidence to support the medical necessity of additional behavioral therapy. The objective findings documented by the requesting physician do not support the medical necessity of additional sessions of CBT. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The patient has received prior session of CBT. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The continued sessions are directed to the treatment of chronic pain issues, which were addressed in the FRP. The ACOEM guidelines state that there is sufficient evidence to support the medical necessity of psychological consultations and treatment for chronic pain issues; however, patients should be evaluated psychologically to explore factors maintaining chronic pain and disability and to facilitate recovery and restoration of function." The Official Disability Guidelines recommend that psychological evaluations are used "not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury. Therefore, the request for 6 additional cognitive behavioral group psychotherapy, once a week for 6 weeks is not medically necessary and appropriate.