

Case Number:	CM14-0010637		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2009
Decision Date:	07/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation 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 39-year-old male who reported an injury on 07/30/2009 secondary to lifting. The injured worker was evaluated on 12/24/2013 for psychosocial pain management evaluation. The injured worker reported stress, anxiety, sleeplessness, nervousness, tension, confused thoughts, poor concentration, exhaustion, mood changes, irritability and self doubt due to physical injury. The injured worker's pain profile noted the patient's depression T score of 44 placed him in the below average pain depression category, anxiety T score of 41 placed him in the below average pain anxiety category, and somatization score of 53 placed him in the average pain somatization category. The IPAT and anxiety depression scales indicated the injured worker had a high degree of anxiety and depression. The mental status examination noted indications of hallucinations and perceptual disturbances. Diagnoses included anxiety, insomnia, and pain disorder related to psychological factors. The treatment plan included psychopharmacological intervention. The request for authorization was not found in the documentation provided. The rationale for the request was that as a result of work related injuries, the injured worker indicated having experienced emotional symptoms and in that regard presents for consultation for medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL SESSIONS COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: The request for 6 additional sessions of cognitive behavioral therapy is non-certified. California MTUS Guidelines may recommend psychotherapy. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines recommend cognitive behavioral therapy for chronic pain to screen for patients with risk factors for delayed recovery including fear avoidance beliefs. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks is recommended. The case notes indicated the injured worker had received 12 prior cognitive behavioral therapy treatments. However, there is no quantitative evidence of efficacy of those treatments. Furthermore, the request for 6 treatments in addition to the prior 12 treatments exceeds the recommended guidelines. Therefore, based on the documentation provided, the request is non-certified.