

Case Number:	CM14-0010882		
Date Assigned:	02/21/2014	Date of Injury:	02/29/2012
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
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 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 patient reported a date of injury of 2/29/2012. Date of UR decision was 1/16/2014. The injury resulted in industrial accident causing low back pain and psychological symptoms. PR from 2/11/2014 indicates that patient presented with depressed mood and a flat, tearful affect. She has prominent symptoms of emotional distress including anhedonia, poor energy/motivation and ruminative worry. Depression score was noted to be 21(severe), anxiety score of 11 (moderate). PR from 2/10/2014 suggests that psychiatric review of symptoms is positive for anxiety and sleep disturbance. PR from 12/04/2013 indicated that she received a BDI score of 28 suggesting moderate levels of depression which is the same score she achieved on 11/01/2013. Diagnosis of Major Depressive disorder, single episode, moderate was given to patient and she is receiving treatment focusing on self hypnosis and relaxation. It appears that she has received 12 sessions of CBT.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: 10 ADDITIONAL SESSIONS OF INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY & 10 CONCURRENT SESSIONS OF SELF-HYPNOSIS/RELAXATION TRAINING; (CONCURRENT WITH CBT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Head chapter/Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had 12 psychotherapy sessions focused on CBT approach. The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Therefore, the request for 10 additional session of individual cognitive behavioral therapy & 10 concurrent sessions of self-hypnosis/relaxation training; (concurrent with CBT) is not medically necessary and appropriate.

1 1/2 HOUR OF PSYCHOLOGICAL TESTING, 1/2 HOUR EVERY MONTH USING BECK DEPRESSION INVENTORY II: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

Decision rationale: The PR from 12/04/2013 indicated that she received a BDI score of 28 suggesting moderate levels of depression which is the same score she achieved on 11/01/2013. The request for 1 1/2 hour of Psychological testing, 1/2 hour every month using Beck Depression Inventory II is excessive and is not medically necessary and appropriate.