

Case Number:	CM14-0012751		
Date Assigned:	02/21/2014	Date of Injury:	07/10/2009
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the records provided for this independent medical review, this patient is a 53 year old female who reported an industrial/occupational work related injury on 7/10/2009. The injury occurred while she was engaged in the normal work duties and had a slip and fall accident, injuring multiple body areas. Subsequently, she has had anti-inflammatory medications, activity modification, and epidural steroid injections to the cervical spine with minimal improvement. Some of her medical diagnoses include severe spinal spondylolisthesis, lumbar disc dissection and bulging, left knee strain. She recently has had major cervical disc fusion with hardware and is now status post anterior cervical fusion. Psychological diagnoses include Depressive Disorder NOS with Anxiety and Psychological factors affecting medical condition. Two requests for psychological treatment were made: cognitive behavioral therapy (CBT) 6 sessions, and biofeedback (6) to be conducted over the next 3 months or more as on an as needed bases. The treatment requests were non-certified with a modification reducing the number of sessions from 6 to 4. This IMR will consider itself with a request to overturn this modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT):

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: This patient appears to have the psychological symptoms of severe depression, anxiety, panic, insomnia with deficits in socialization and daily activities; however, improvement in many of these areas were noticed when she was actively engaged in psychological treatment. Her depressive symptoms included diminished self-esteem, emptiness, inadequacy, alienation, and lack of motivation. There were also inappropriate outbursts of anger and irritability; these also did improve with psychological treatment. Her prior psychological treatment ended in April 2013 and the reports state she regressed somewhat afterwards. A 9/26/2013 AME indicated she should continue treatment with a psychiatrist due to severe depression. The justification provided for modifying the number of sessions downward from 6 to 4 was that it would be important to get a read on the patient's response to the treatments. This is consistent with the MTUS guidelines for initial treatment: 3-4 trial sessions and if there is a response in terms of objective function improvements additional sessions up to 13 to 20 can be offered and the ODG (June 2014) in cases of severe Major Depression with progress being made. In this case, it does not appear necessary to stick strictly to the guidelines for an initial trial because the patient already had CBT and she responded well. In addition, 6 sessions is reasonable, medically necessary, and within the MTUS/ODG guidelines, therefore the request for six sessions of CBT is medically necessary.

SIX (6) BIOFEEDBACK SESSIONS FOR THE NEXT THREE (3) MONTHS OR MORE ON AN AS NEEDED BASIS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: The justification provided for modifying the number of sessions downward from 6 to 4 was that it would be important to get a read on the patient's response to the treatments. This is consistent with the MTUS guidelines for initial treatment: 3-4 trial sessions and if there is a response in terms of objective function improvements additional sessions up to 6 to 10 can be offered with the patient then continuing to use the techniques at home. In this case, it does not appear necessary to stick strictly to the guidelines for an initial trial because the patient already had psychological treatment and she responded well. A request for six sessions seems entirely reasonable, medically necessary, and within the MTUS/ODG guidelines.