

Case Number:	CM14-0134288		
Date Assigned:	08/25/2014	Date of Injury:	09/26/2013
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 Psychology and is licensed to practice in Texas. 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 59-year-old female who reported injury on 9/26/2013, reportedly sustained injuries to her right foot due to an accident involving a forklift that ran over her right foot, dislocating her right first tarsometatarsal joint. The injured worker's treatment history included physical therapy, medications, surgery, and x-ray studies. The injured worker was evaluated on 04/02/2014 and it was documented the injured worker complained of right foot pain. The injured worker stated that her pain was better. It was dull and on a pain scale, her pain was rated at 3/10. It was occasional, and brought on with walking and better with lying down. She had recently seen the psychiatric doctor and had treatment on 06/30/2014, where he noted that she had good prognosis and suggest she resume Cymbalta 60 mg. The provider noted she was taking her treatment as indicated. She was taking Lyrica 150 mg every night, sulindac 150 mg, omeprazole, and aspirin. Objective findings of her foot: there was amputation of the right great toe noted. There was edema in the leg and over the right foot. There was dusky discoloration of the right foot, compared to the left. There was decreased hair distribution on the right compared, to the left. There were no ecchymosis or erythema. Gait was antalgic with the use of a cane. On palpation, the temperature was even. There was hyperalgesia and allodynia on touching of the right foot. There was 1+ edema in the right foot. She was able to move her right remaining toes. Range of motion was within normal limits bilaterally at all joints and digits. Diagnoses included right great toe amputation and complex regional pain syndrome. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral Therapy (CBT) guidelines for chronic pain

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:- 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). The documents provided on 07/02/2014 stated the injured worker had good prognosis however, that data was not submitted for review. Without documentation of the number of previous sessions request cannot be supported. Given the above, the request for 12 Cognitive Behavioral Therapy Sessions is not medically necessary.