

Case Number:	CM14-0170696		
Date Assigned:	10/23/2014	Date of Injury:	09/04/2013
Decision Date:	12/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 is a 55-year-old female who has submitted a claim for pain disorder associated with both psychological factors and an orthopedic condition, major depressive disorder, generalized anxiety disorder, sleep disorder, and opioid dependence associated with an industrial injury date of 9/4/2013. Medical records from 2014 were reviewed. The patient complained of severe pain at the left shoulder. She was released to modified-duty; however, she reported to be more stressful at work. Current medications include Metformin, Allegra, Atenolol, Claritin, Glipizide, and Meclizine. Noted side effects were diarrhea, nausea, hives, and mood swings. The patient first had an episode of depression when she was terminated from work last 2004. She had panic attacks. The patient recently experienced severe episode of depression characterized as decreased motivation, crying spells, sadness, anger, frustration, irritability, impatience and anxiety. She also had insomnia. She scored in the moderate-to-severe range on a standardized measure of anxiety and in the very severe range on standardized measures of depression, anger, and pain-related catastrophic thinking, fear-avoidance beliefs, and stress. She scored very severe range for symptoms of depression and anxiety on Hamilton Depression Rating Scale, Hamilton Anxiety Scale, and on mental status examination. Thought processing and speech were within normal limits. Treatment to date has included physical therapy, medication trials, injections, and left shoulder surgery on 4/29/2014. The utilization review from 9/23/2014 modified the request for pain education cognitive behavioral treatment from 10 sessions to 4 sessions to meet guideline recommendation of number of sessions for trial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain education cognitive behavioral treatment x 10 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23, 101.

Decision rationale: As stated on page 101 of the California MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the patient complained of severe pain at the left shoulder. She was released to modified duty; however, she reported to be more stressful at work. Current medications include Metformin, Allegra, Atenolol, Claritin, Glipizide, and Meclizine. Noted side effects were diarrhea, nausea, hives, and mood swings. The patient first had an episode of depression when she was terminated from work last 2004. She likewise had panic attacks. The patient recently experienced severe episode of depression characterized as decreased motivation, crying spells, sadness, anger, frustration, irritability, impatience and anxiety. She also had insomnia. She scored in the moderate-to-severe range on a standardized measure of anxiety and in the very severe range on standardized measures of depression, anger, and pain-related catastrophic thinking, fear-avoidance beliefs, and stress. She scored very severe range for symptoms of depression and anxiety on Hamilton Depression Rating Scale, Hamilton Anxiety Scale, and on mental status examination. Thought processing and speech were within normal limits. Diagnoses include pain disorder associated with psychological factors and an orthopedic condition, major depressive disorder, generalized anxiety disorder, sleep disorder, and opioid dependence. The medical necessity for cognitive therapy had been established given that patient presented with symptoms of depression, corroborated by psychological standardized measures. However, there was no discussion why 3 - 4 visits could not suffice to initially assess patient's response to the treatment. The present request for 10 sessions exceeded guideline recommendation for a trial basis of cognitive therapy. Therefore, the request for pain education cognitive behavioral treatment x 10 sessions is not medically necessary.