

Case Number:	CM14-0172545		
Date Assigned:	10/23/2014	Date of Injury:	05/21/2011
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/18/2014

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:

Injured worker is a 56 year old male with date of injury 05/21/2011. Date of the UR decision was 9/25/2014. He has been diagnosed with Chronic Regional Pain Syndrome of left upper extremity. Per report dated 4/3/2014, he was diagnosed with Dysthymic Disorder and Psychological Factors Affecting Physical Condition (pain, hypertension). Report dated 9/9/2014 suggested that he was experiencing some cognitive difficulties with some issues with memory, coming up with the right word. He was being prescribed Tizanidine up to 16 mg daily, Lyrica 900 mg daily, and Hydrocodone up to 40 mg daily to control his symptoms. The medication regimen was reported to be giving him reasonably good pain relief, keeping his pain score at 4-5/10. He was prescribed Lunesta 3 mg for one month and authorization for six sessions of cognitive behavioral therapy was requested to develop methods to cope with his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Cognitive Behavioral Therapy over 3 weeks: Upheld

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

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) The request for 6 Sessions Cognitive Behavioral Therapy over 3 weeks exceeds the guideline recommendations of 3-4 psychotherapy visits over 2 weeks for the initial trial. Thus, the request is not medically necessary at this time.