

Case Number:	CM14-0031297		
Date Assigned:	06/20/2014	Date of Injury:	01/05/2012
Decision Date:	08/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 62-year-old injured worker with date of injury January 5, 2012. Her injury resulted in damage to her groin, thigh, and hip. She was given a diagnosis of Mixed Personality Disorder. According to the progress report dated June 9, 2014, she reported that she had severe pain at night, felt nauseous, had difficulties walking, sitting, standing, and laying down, and had continued depression. She has been treated with physical therapy, TENS (transcutaneous electrical nerve stimulation), and cortisone injections, without relief from symptoms of pain. Her medications included Lisinopril, Norco, Soma, and Ibuprofen. The date of UR decision was February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty-four sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment index 5th edition (web), 2007: Pain Cognitive therapy for depression.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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 four weeks if lack of progress from physical medicine alone; Initial trial of three to four psychotherapy visits over two weeks; With evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has not yet had psychotherapy. While cognitive behavioral therapy is indicated, the request is in excess of the guidelines regarding an initial trial. The request for twenty-four sessions of cognitive behavioral therapy is not medically necessary or appropriate.