

Case Number:	CM14-0032397		
Date Assigned:	06/20/2014	Date of Injury:	08/19/2009
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/14/2014

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 Psychologist 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 who is a 46-year old male reported an injury on 08/19/2009 due to an unknown mechanism. On 02/10/2014 it was reported the injured worker states he was emotionally worst that greatly affects his physical issues. It was also noted that the objective testing shows improvement, however a full report concerning the re-evaluation that was not submitted for review. The injured worker medication included MSIR 30 mg, Gabapentin 400 mg and Trazodone 100mg. It was noted the injured worker had already received cognitive behavioral therapy treatments from September to November of 2013. The injured worker has undergone a spinal cord stimulator procedure with no complications noted at this time. The injured worker diagnoses include depressive disorder not otherwise specified, anxiety disorder not otherwise specified, pain disorder associated with both physiological factors and a general medication disorder and a male hypoactive sexual desire due to pain. The treatment plan included for a decision for 10 cognitive behavioral therapy sessions. The authorization for request 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:

10 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines Cognitive therapy for

depression. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 are 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 02/10/2014 stated the injured worker had objective testing that shows improvement however that data was not submitted for review. It was also noted the injured worker has already received behavioral therapy sessions from September to November 2013. The injured worker states that he is emotionally worse and that this greatly affects his physical issues. This indicates no symptom improvements. Without documentation of the number of previous sessions and objective functional improvement in treatment, the request cannot be supported. Therefore, the request for 10 cognitive behavioral therapy sessions is not medically necessary.