

Case Number:	CM14-0035290		
Date Assigned:	06/23/2014	Date of Injury:	09/21/2006
Decision Date:	07/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/21/2014

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 a licensed 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 is a 55-year-old female with a reported date of injury on 09/21/2006. The injury reportedly occurred as a multiple musculoskeletal injury that was sustained in a traumatic job accident. The injured worker presented with chronic pain and major permanent physical impairment. In addition, the injured worker has developed depression secondary to pain. According to the clinical documentation, the claimant has undergone 3 major spine surgeries, and has been unable to work for more than 4 years. According to the clinical note dated 01/17/2012, the injured worker presented with a global assessment of functioning at 51. The clinical note dated 02/10/2014, the claimant presented with a global assessment of functioning at 55. The clinical documentation provided for review, indicated the injured worker previously participated in behavioral therapy prior to 2012. Diagnoses included depressive and anxiety disorders. Medication regimen was not provided within the documentation available for review. The request for authorization for 6 cognitive behavioral therapy sessions was submitted on 03/18/2014. The physician indicated that the rationale for the request included the injured worker gained more than 50 pounds and has developed persistent secondary psychiatric symptoms, leading to her referral for psychological consultation. In addition, the physician was requesting to proceed with minimal amount of psychological and psychiatric treatment necessary to manage the injured worker's consequential industrial psychiatric injury and to improve her mental status to the point that she would be a reasonable candidate for interventional pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy (CBT) guidelines for chronic pain.

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

Decision rationale: The California MTUS Guidelines recommend psychological treatment for properly identified injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assisting psychological and cognitive function, and addressing comorbid mood disorders. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effect on pain interference and long term effect on return to work. The Guidelines recommend that when pain is sustained in spite of continued therapy (including psychological care), intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. In addition, the California MTUS Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. According to the clinical documentation provided for review, the injured worker has previously participated in psychotherapy. The clinical note dated 01/17/2012, indicates the injured worker's global assessment of functioning was 51; the note dated 02/10/2014 noted GAF is 55. There is a lack of documentation related to the therapeutic and functional benefit in the continuation of cognitive behavioral therapy. In addition, the request for an additional 6 cognitive behavioral therapy sessions exceeds the recommended guidelines. Therefore, the request for 6 cognitive behavioral therapy sessions is not medically necessary and appropriate.