

Case Number:	CM14-0038424		
Date Assigned:	07/11/2014	Date of Injury:	03/06/2013
Decision Date:	12/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 91 pages of medical and administrative records. The injured worker's date of injury is 03/06/2013, as she was loading and unloading a truck. She complained of work stress, lack of supervisory support, training and excessive workload. She was treated with surgical intervention, cervical epidural steroid injections, and physical therapy. 10/07/13 supplemental orthopedic report noted referral for a psych consult to address her anxiety which had not occurred. On 12/23/13 an orthopedic progress note references Zolpidem and Xanax. On Doctor's First Report of Occupational Injury or Illness dated 02/11/2014 she reported sustaining orthopedic injuries on a continuous basis, with subsequent psychological injuries reactive to the stress and physical injuries. Subjective complaints included depression, anxiety, sleep difficulties, orthopedic pain and limitations, skin outbreaks, headaches, tearfulness, weight gain, loss of motivation and irritability. Objectively she was tearful, downcast, dark circles under eyes and skin outbreaks of face. Orthopedic care involved her left wrist, left neck and shoulder pain. Medications included Relafen and Norco. Plan of care included 8 sessions of individual psychotherapy augmented with psychotropic medications. She was unable to work and diagnosis was major depressive disorder, single episode, and moderate. A Utilization Review dated 03/04/2014 modified the request for Individual Cognitive Behaviorally oriented psychotherapy x 8 and 4 sessions were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Individual Cognitive-Behaviorally oriented psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation 2008, ACOEM: Stress Related Conditions, page 1068; Behaviorally Interventions; ODG guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The patient's diagnosis is major depressive disorder single episode moderate, for which 4 sessions of CBT were authorized on 03/04/14. There is no documentation submitted as to whether or not those sessions have been utilized or not. MTUS recommends an initial trial of 3-4 visits over 2 weeks with additional sessions with evidence of objective functional improvement; obviously without documentation this determination cannot be made. Therefore this request is noncertified. According to CA-MTUS 2009 Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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). Therefore, the request for 8 sessions of Individual Cognitive-Behaviorally oriented psychotherapy is not medically necessary and appropriate.