

Case Number:	CM14-0038872		
Date Assigned:	06/27/2014	Date of Injury:	05/06/2010
Decision Date:	07/23/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

Based on the records provided for this independent medical review, this patient is a 53-year-old female who reported an industrial/occupational work-related injury on May 6th 2010. The injury reportedly occurred when she was working as an executive secretary at a company picnic and stepped into a sprinkler hole and injured her right ankle and hip. The injury led to subsequent changes to her gait that resulted in low back pain she has struggled with coping and stress management. The patient has a diagnosis of degenerative disc disease and cervical and lumbar spine strain with radicular symptoms, there is also right hip pain. She has participated in 18 sessions of cognitive behavioral therapy and biofeedback as of the date of this request. She has received conventional medical therapies including 16 sessions of physical therapy and over 10 sessions of acupuncture with little improvement. The patient also has had lumbar epidural steroid injections also with little to no improvement in pain. She has been diagnosed with chronic pain syndrome with somatization, anxiety and depressed mood. She reports symptoms of pain in her low back, right hip, right ankle, foot as well as stomach pain. There is also tingling and numbness in her arms and hands, legs and feet, and weakness in the arms, her pain is described as constant in frequency in moderate intensity. There is a history of prior work related accident with a spinal injury in 2005 and a motor vehicle accident in February of 2014. A request for six additional sessions of cognitive behavioral therapy was non-certified, this independent review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF COGNITIVE BEHAVIORAL THERAPY FOR THE MANAGEMENT OF SYMPTOMS RELATED TO THE RIGHT HIP, LUMBAR SPINE, AND CERVICAL SPINE, AS AN OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Biofeedback Page(s): 23, 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter, cognitive behavioral therapy June 2014 update.

Decision rationale: The patient's Beck Depression Inventory II score was a total of 43 placing her in the severe range for symptoms of Depression. On the Beck Anxiety Inventory, the patient scored 20 -in the moderate range for Anxiety. The patient has been diagnosed with pain disorder associated with both psychological factors in chronic pain, depressive disorder moderate, and chronic back pain with bladder condition. The progress notes from her treatment sessions indicate that there is improvement in coping and adaptation and in managing pain symptoms and improving activities of daily living daily activity as a result of her cognitive behavioral therapy. The patient has noted that she has been using the techniques she has learned to improve her walking, stretching, and strengthening exercises and decreasing physical tension and emotional stress that have been causing increased pain and limitations in her functioning. A progress report mentioned her current status in March of 2014 as Major Depressive Disorder, severe and maladaptive coping deficits affecting multiple injuries in chronic pain disorder, in partial remission and responding positively the treatment. Although the patient has already had 18 sessions of cognitive behavioral therapy and it appears that she is making significant progress in treatment, some additional therapy sessions are still required at this time. According to the MTUS guidelines, a patient may have a maximum of up to 10 sessions if an initial block of treatment is resulting in improvement. However, these guidelines are often insufficient for difficult psychological and psychiatric problems. The original utilization review decision to non-certify additional sessions was based on the MTUS. The Official Disability Guidelines (ODG) does suggest that if progress is being a maximum of 13-20 sessions may be provided, in addition in cases of severe depression or post-traumatic stress disorder (PTSD) that additional up to 50 may be allowed. In this case, the patient's depression appears to be fluctuating between moderate and severe there are indications with objective measurement reflecting severe depression. The request for additional six sessions would be four more than the maximum allowed for moderate depression but well below the 50 for severe depression. Therefore, with evidence of improvement with the treatment, additional six sessions can help the patient wind down her treatment cognitive behavioral therapy treatment. As such, the request is certified.