

Case Number:	CM14-0052972		
Date Assigned:	07/07/2014	Date of Injury:	09/26/2012
Decision Date:	08/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Board Certified in Occupational medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for depression, anxiety, and low back pain reportedly associated with an industrial injury of September 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy; electrodiagnostic testing of March 27, 2014, apparently notable for bilateral medial neuropathy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for 10 sessions of cognitive behavioral therapy. Overall rationale was extremely sparse. The claims administrator stated, somewhat incongruously, that the applicant had not undergone any type of psychiatric or psychological treatment over the course of the claim, in one section of the report. The applicant's attorney subsequently appealed. On March 20, 2014, the applicant apparently consulted a psychologist. The applicant was described as a former roofer. The applicant was using Naprosyn, Zanaflex, Norco and Tylenol for pain-relief purposes. It was stated that the applicant was off of work and receiving monies both from the Employment Development Department (EDD) and Social Security Disability Insurance (SSDI). The applicant was described as having major depressive disorder superimposed on chronic pain concerns. A 10-session pain education and coping skills group course was suggested. The treating provider suggested that this combination of pain education and coping skills would help the applicant rehabilitate, from both a mental health and a chronic pain perspective. The remainder of the file was surveyed. Only a few physical therapy progress notes were provided. It did not appear that the applicant had, in fact, had prior psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 10 Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: The request, per the attending provider, represents individual and group counseling as well as pain-coping skills. The request does seemingly represent a first-time request for psychological treatment, both the treating provider and claims administrator have posited. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive therapy can be problem-focused or emotion-focused. Cognitive therapy can help alter an applicant's perception of stress and/or alter an applicant's response to stress. Similarly, the MTUS Guideline in ACOEM Chapter 15, page 400 notes that relaxation techniques can help the applicant alter his or her response to stressors. While ACOEM does not endorse a specific duration for psychological treatment, in this case, given the multiplicity of the applicant's medical, chronic pain, mental health, and financial stressors, the 10-session course of treatment is indicated, particularly as partial certifications are not permissible through the Independent Medical Review process and since this request seemingly represents a first-time request for cognitive behavioral therapy. Therefore, the request of Cognitive Behavioral Therapy 10 Sessions is medically necessary and appropriate.