

Case Number:	CM14-0055836		
Date Assigned:	07/09/2014	Date of Injury:	05/12/2007
Decision Date:	09/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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 Child & Adolescent 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:

The injured worker is a 33 year old female who was injured at work on 5/12/2007. She was working as a coffee store manager when she bent down to pick up a heavy object, twisting her back to the left side, when she experienced a sudden sharp low back pain. She developed persisting low back pain with right sided sciatica. She underwent a surgical IDET procedure in her lumbar spine. Symptoms continued, and later a spinal cord stimulator was inserted. This device caused adverse problems, and was removed in June 2013. She also received physical therapy, aquatic therapy, spinal injections, and analgesic medications. She was also diagnosed with sleep apnea, and prescribed a CPAP machine. In January 2014, she needed to use a walker frame in order to ambulate. The injured worker was diagnosed with Pain Disorder Associated with Psychological Factors and a General Medical Condition. She reported feeling sad, anxious, hopeless, low motivation, low energy, and sleep difficulty. Since September 2011 she has undergone regular individual psychotherapy sessions. According to a progress report dated 12/20/13, she was continuing to see a neuropsychologist provider twice a month for psychotherapy sessions. In the latest progress report dated 5/16/14, the injured worker reported that a trial of Cymbalta produced unpleasant side effects, and reintroducing Prozac enabled her to feel a significant mood improvement, almost like how she felt before the injury. She was more assertive with friends and family. Her medications included Toradol, Morphine Sulphate, Dilaudid, Lyrica and Prozac. A request was made for 60 minute psychotherapy sessions once a week for two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for 60 minute psychotherapy sessions, once a week for two months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page(s): 23.

Decision rationale: MTUS guidelines indicate that cognitive behavioral therapy (CBT) is recommended in the treatment of individuals suffering from chronic pain who have developed secondary mental health symptoms. CBT is particularly helpful in reinforcing coping skills, and can be more useful than pain medications. It is also beneficial in screening for individuals with risk factors for delayed recovery, including fear avoidance beliefs. If an trial of physical exercise has not helped, a referral for CBT for an initial trial of 3 - 4 psychotherapy visits over 2 week, followed by additional sessions up to a maximum of 6 - 10 sessions over 5 - 6 weeks is recommended. The injured worker is diagnosed with pain disorder. According to the several progress reports, she has received regular individual psychotherapy sessions since 2011, with a documented frequency of twice a month since at least 12/20/13. This would indicate that she has already received many more than the maximum of 10 sessions recommended by the guideline. There has been some clinical improvement based on the 5/16/14 progress report, such that the injured worker could continue to maintain clinical stability and benefit with medication alone, as there is no compelling rationale to continue with further psychotherapy sessions in addition to the psychotropic medication. On this basis, therefore, the request for 60 minute psychotherapy sessions once a month for two months is not medically necessary.