

Case Number:	CM14-0074618		
Date Assigned:	07/16/2014	Date of Injury:	02/07/2008
Decision Date:	08/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/22/2014

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 licensed in Psychology 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 60-year-old female who reported the injury on 02/07/2008 caused by a backboard that fell and struck her head and her left side. The injured worker's treatment history included medications, surgery, MRI, and cognitive behavioral therapy sessions. The injured worker was evaluated on 02/17/2014, and it was documented by the clinical psychologist panel QME, recommended continuation of individual - cognitive behavior therapy here until the injured worker begins a functional restoration program. The injured worker was evaluated on 05/06/2014 by the clinical psychologist and it was documented that the injured worker has been treated by the psychologist since 12/20/2013 at a frequency of once every 2 weeks. The psychologist noted her treatment was oriented toward a cognitive behavior approach within a supportive and behavioral pain management approach. It was noted that the injured worker developed reactive depression secondary to her work injury leading to the referral here. The psychologist noted the injured worker had established a major depressive disorder, entailing a depressed mood each day, alteration between psychomotor retardation and agitation, diminishment in concentration, diminishment in motivation, some loss of energy and some feelings of diminished self-worth. The injured worker was evaluated on 05/19/2014, and it was documented that the injured worker had pain, loss, reclusion, obsessive worrying, and moodiness. The provider noted the objective findings were pressured speech, lability, free floating anxiety and flat affect. The injured worker was evaluated on 06/11/2014, and it was documented that the injured worker was 1 year status post cervical hardware removal, and 2 years status post ACDF C4-C6. The provider noted the injured worker continues to have difficulty with swallowing. The injured worker still had neck ache and numbness in her left arm which was stable. Physical examination revealed there was some tenderness to palpation in the posterior cervical spine and paraspinal muscles. Physical examination of the upper extremities

showed generalized left upper extremity weakness at 4+/5. The provider noted that the injured worker was seeing a psychologist, which she found very helpful, but has only 1 approved visit left. The diagnoses include; cervical spine pain, multilevel cervical disc degeneration, dysphagia, major depression, and C3-C4 left paracentral protrusion. The medications include Norco 5/325mg and Norflex 100mg ER the request for authorization dated 06/25/2014 was for additional ten visits of cognitive behavioral therapy however the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional ten (10) cognitive behavioral therapy sessions: Upheld

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state cognitive behavioral therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider a separate psychotherapy CBT referral after 4 weeks if there is a lack of progress from physical medicine alone. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks of individual sessions. The documents submitted on 05/06/2014 indicated the injured worker has Major Depressive Disorder; however, the psychologist failed to indicate her functional improvement while attending therapy since 12/2013. The documents submitted support that the injured worker has been stabilized. Therefore, the request for additional cognitive behavioral therapy is not medically necessary.