

Case Number:	CM14-0086652		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2011
Decision Date:	08/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 patient is a 49-year-old female with a 3/3/11 date of injury. 4/18/14 FRP weekly progress report documented 81 hours had been completed. After 3 weeks of FRP, the patient reported feeling hope and motivation to functionally improve. The patient has made good use of psychological techniques, and feels improved ability to cope with chronic pain and psychological comorbidities. Techniques that were learned in FRP have been useful in assisting the patient towards her goals of decreasing reliance on pain medications through development of non-pharmacological pain management strategies. From a psychological standpoint, the patient had 45% reduction in initial severe symptoms of anxiety and depression. She is less isolated and more engaged with family and community, and better able to cope with her symptoms using CBT techniques. An additional 80 hours of FRP were requested. 5/16/14 progress note described ongoing neck and left shoulder pain, myofascial pain in the neck and upper back, and reactive depression. Clinically, the patient did not have acute distress, anxiety, fatigue, tearfulness, or suicidal ideations. Treatment plan discussed additional psychotherapy. Current medications include Protonix, Flexeril, Topamax, Docusate, Zofran, Lodine, Sentra, Butrans patch, Ketamine Cream, and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: Medical necessity for additional cognitive behavioral therapy is not established. The patient underwent an unknown number of psychotherapy sessions in the past and 4/18/14 progress note stated that 81 hours of FRP had been completed, including psychological treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, additional treatment may be substantiated. However, it is unclear why an additional 6 sessions of cognitive behavioral therapy is necessary, when the patient underwent extensive treatment within the FRP program. The request is not substantiated.