

Case Number:	CM14-0086724		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2009
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 38-year-old female who reported an injury on 02/28/2009 due to stepping off a curb and injuring her right ankle. The diagnoses were complex regional pain syndrome, right lower extremity; lumbar spondylosis; bilateral greater trochanteric bursitis (nonindustrial); chronic pain syndrome; and opioid dependence. The injured worker also had a diagnosis of pain disorder associated with both psychological factors and a general medical condition and diagnosis deferred on axis 2. Past treatments were for physical therapy 14 to 16 sessions, 3 right lumbar spine injections, and injection into the right ankle in 2010. The diagnostic studies were not submitted for review. Past surgeries were bilateral carpal tunnel release, arthroscopic synovectomy, and debridement of the right ankle. The injured worker had a physical examination on 05/07/2014 for a follow-up of her chronic pain complaints. The neurological examination revealed muscle groups of the bilateral lower extremities were normal and symmetrical in strength, bulk, and tone. The straight leg raise was negative for radicular pain or paresthesias bilaterally. Sensation was normal to touch of the upper and lower extremities. The examination of the spine revealed normal lumbar range of motion and increased pain with lumbar facet loading. On palpation revealed tenderness over the lower lumbar facet joints and bilateral greater trochanteric bursas. The medications were Benadryl, Percocet, Soma, Topamax, Ventolin inhaler, Zyrtec, Ambien, Motrin, Prilosec, Prozac, Lyrica, and Seroquel. The treatment plan was for cognitive behavioral therapy 1 time a week for 8 weeks. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 1xWk x 8Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Behavioral Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule states psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The first thing to do is to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. Also, you need to identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions, allowing for a multidisciplinary treatment approach. The Official Disability Guidelines state the criteria for cognitive behavioral therapy is up to 13 to 20 visits over a 7 to 20 week period, if progress is made. In cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are allowed if progress is being made. It was not reported how many psychological sessions the injured worker has had previously. Therefore, the request is not medically necessary.