

Case Number:	CM14-0092975		
Date Assigned:	09/10/2014	Date of Injury:	09/26/2011
Decision Date:	10/10/2014	UR Denial Date:	06/01/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

Injured worker is a 52 year old female with date of injury 09/26/2011. Date of the UR decision was 05/28/2014. Mechanism of injury was identified as being struck on the head with a PIN pad which fell approximately 3-4 feet which resulted in immediate pain. Per report dated 3/24/2014, she reported that she began feeling depressed secondary to continued pain and could not "turn off the switch" of pain. She stated that she developed poor sleep, some crying episodes, poor concentration, low energy, anhedonia and amotivation gradually increasing since 2011 . Reported suicidal ideation began in December of 2012 secondary to "the brow-beating at work." She however denied any actual attempts. She was diagnosed with Depressive Disorder NOS Psychological Factors Affecting Medical Condition, Headache and Rule Out Cognitive Disorder secondary to Closed Head Injury. Per that report, she was continued on Trazodone and was initiated on Lexapro. 12 sessions of supportive/CBT were recommended by the provider. Psychiatrist report dated 5/1/2014 suggested that she had been tolerating Lexapro 10 mg daily well. The documentation suggests that the injured worker underwent some treatment with Cognitive Behavior Therapy for pain management in 2011/2012, however details of the treatment are not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 12 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has had psychotherapy sessions focused on CBT approach for pain management with good subjective results per the injured worker. There has been no clear documentation regarding how many sessions she has received so far. However, the request for 12 additional sessions of Cognitive Behavior Therapy exceeds the guideline recommendations and thus is not medically necessary.