

Case Number:	CM14-0094695		
Date Assigned:	07/25/2014	Date of Injury:	03/06/2013
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 58-year-old who reported an injury on March 6, 2013. The mechanism of injury was described as a cumulative injury. Within the clinical visit on June 4, 2014, it was documented that the patient reported a repetitious use injury and in 2011 she started to have depression related to job activities. She further documented that she felt depressed several days a week with inability to enjoy her family and church, and that she attended group therapy for chronic pain management. It was also documented that the patient stated that when she had resigned from her position, that all of her stress went away and that she was eating more and had the ability to sleep more. Yet, it was further documented that the patient still felt nervous, worried, and anxious on a daily basis, and that it was the opinion of the patient that it affected her memory and that now that she was taking her medications, she did not have any more panic attacks. It was noted that the patient was diagnosed with depressive disorder and anxiety disorder. The patient's surgical history, diagnostic studies, and medication list was not provided within the submitted medical records. In the patient's fear avoidance testing, it was documented that the patient demonstrated no significant fear beliefs about pain. The Whympi testing showed that the patient had documented pain conditions that had a definite impact upon her emotional state and that the patient's pain condition was having some effects upon her ability to work. The documented results of the modified somatic perception questionnaire was noted to reveal that the patient's raw score was 10, which reflected a possible pattern of somatic hypersensitivity and was present. The results of the pain catastrophizing scale documented that the patient had a raw score of 37, likely reflecting a pattern of dysfunctional and destructive thinking was present as it related to the perception and experience of pain. The Beck Depression Inventory score for the patient was a 5, placing her in the minimum range of clinical depression. The patient's Beck

Anxiety Inventory score was a 13, which placed her in the mild anxious state. The request for authorization was dated June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial cognitive behavioral therapy, six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend behavioral interventions, and that should be screening for patients with risk factors for delayed recovery, including fear and avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for her exercise instruction, using a kind of motivational approach to physical medicine. The guidelines recommend an initial trial of three to four psychotherapy visits over two weeks with evidence of objective functional gains a total of six to ten visits over five to six weeks is thereby recommended. Given that the patient has had extensive testing to screen the patient for possible risk factors and showing that the patient, while inconsistent reports were documented, there is evidence that the patient does have psychological barriers and is supported at this time by the guidelines. As such, the request for initial cognitive behavioral therapy, six sessions, is medically necessary and appropriate.