

Case Number:	CM14-0167330		
Date Assigned:	10/14/2014	Date of Injury:	12/03/2011
Decision Date:	12/31/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 70 year old female who sustained an industrial injury on 12-3-11. A review of the medical records indicates that the worker is undergoing treatment for sprains and strains of thoracic region, pathological fracture of vertebrae, and episode of mental-clinical disorder major depression, single episode. Subjective complaints (8-18-14) include lower back pain is rated at 3 out of 10. The worker reports psychological symptoms have improved and "felt a sense of relief", "stopped having nightmares." Objective findings (8-18-14) include 3 symptoms of post-traumatic stress disorder that have lasted over a year. The Beck Anxiety Inventory was 8, the Beck Depression Inventory was 18. Work status was noted as temporarily partially disabled with workplace restrictions. Previous treatment includes Ibuprofen, Prilosec, epidural injection, and psychological treatment (6 individual sessions-reported as helpful). The treatment recommendation is for cognitive behavioral therapy sessions, biofeedback therapy, and group therapy. The requested treatment of cognitive behavioral therapy 6-10 sessions was non- certified 9-10-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy 6-10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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 recommends 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). Review of the submitted records suggest that the injured worker has completed an initial trial of psychotherapy treatment for chronic pain, with no clear documentation regarding objective functional improvement with the same. The guidelines recommend total of up to 6-10 visits over 5-6 weeks. The request for additional 6-10 sessions of Cognitive behavior therapy would exceed the guideline recommendations and thus is not medically necessary.