

Case Number:	CM14-0186479		
Date Assigned:	11/14/2014	Date of Injury:	04/07/2009
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 46 year old male with date of injury 04/07/2009. Date of the UR decision was 10/13/2014. The injured worker sustained injury to right knee as the floor gave way and he fell 6 feet. Per report dated 10/10/2014, the injured had completed 5 sessions of Cognitive Behavioral Psychotherapy for chronic pain. He was diagnosed with Major Depressive Disorder Single Episode, Moderate; Insomnia due to mental disorder and Nondependent Alcohol Abuse unspecified pattern of use. Per report dated 8/21/2014, he reported fair sleep, and all the following symptoms to have been of the same intensity: low energy, hopelessness, depressed mood, anxiety, irritability, poor concentration and memory, decreased appetite, worthlessness. He was continued on Continue Effexor XR 150 mg at bedtime, Trazodone 150 mg at bedtime and Remeron 30 mg at bedtime. Per report dated 9/18/2014 he reported less irritability, fair energy level and appetite, better concentration and memory. He was continued on the same medications. Six more sessions of Cognitive Behavior Therapy were requested per the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines

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 at least 5-6 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The request for Individual Cognitive Behavioral Therapy does not specify the number of sessions requested. The guidelines recommend a total of up to 6-10 visits over 5-6 weeks. Based on the lack of information regarding the number of sessions requested and lack of information regarding the evidence of objective functional improvement from the past treatment, the request is not medically necessary.