

Case Number:	CM14-0203682		
Date Assigned:	01/28/2015	Date of Injury:	05/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male with an original date of injury of May 17, 2013. The mechanism of injury occurred when the patient was carrying a cake, and tripped and fell. He landed on the cement, and struck his right for head region and right knee in the process. The patient's diagnoses include blunt head trauma with residual symptoms, right elbow strain, chronic headache, lightheadedness, memory issues, low back pain, and right knee pain. The patient is currently on naproxen. An MRI of the brain performed on December 11, 2014 showed no evidence of acute ischemia and focal areas of de-myelination. The disputed issue is a request for cognitive behavioral therapy. This was requested according to a progress note on November 4, 2014. Specifically, the requesting provider wanted 12 sessions of cognitive behavioral therapy for insomnia. A utilization review determination on November 26, 2014 had noncertified the request for cognitive behavioral therapy. The utilization reviewer had asserted that "guideline criteria have not been met as there is no indication the patient has had an initial psychological evaluation".

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-102. Decision based on Non-MTUS Citation Chronic Pain Chapter, Behavioral Interventions

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 100-102 of 127 states the following: Psychological evaluations Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related psychological treatment 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 co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic 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."ODG Psychotherapy Guidelines:- Initial trial of 6 visits over 6 weeks- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, according to a progress note on November 4, 2014, the requesting provider wanted 12 sessions of cognitive behavioral therapy for insomnia. Although the behavioral management of insomnia symptoms is recommended, the guidelines suggest a trial of only 3 to 4 visits initially. Only with documentation of improvement, would further visits be warranted. Unfortunately, the independent medical review process cannot modify requests, and the currently requested CBT x 12 is not medically necessary.