

Case Number:	CM14-0207145		
Date Assigned:	12/19/2014	Date of Injury:	01/22/2009
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 47 year old female with an injury date on 01/22/2009. Based on the 11/13/2014 progress report provided by the treating physician, the diagnoses are:1. Major depressive disorder, single episode, moderate2. Insomnia related to MDD3. Chronic pain4. Physical injury; disability; financial hardship5. Current GAF: 62According to this report, the patient complains of "anxiety and fear due to upcoming surgery to repair the results of the previous one. She presents with the symptoms remaining of the same intensity: decreased concentration, low energy level, poor libido; forgetfulness, increase appetite, worthlessness and guilt feeling, irritability and anger." Mental Status Examination reveals a "cooperative, friendly" individual that looks her age. Under the Judgment section, its indicate a "impaired, not fully compliant with the current treatment plan, open to different treatment options." Physical exam were not provided in this report for review. The treatment plan is to continue medication, continue group cognitive behavioral therapy for chronic pain, and urine drug screening.The 10/21/2014 report indicates the patient complains of "spasms in the low back and numbness and tingling in the left arm and in the left, hand, as well as in the left groin, both legs, and both feet." Pain is rated as a 9/10 without medications and a 6/10 with the use of Norco. The patient is "currently not working."The utilization review denied the request for group cognitive behavioral therapy x6 sessions and urine drug screening on11/20/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/24/2014 to 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requested group cognitive behavioral therapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: According to the 11/13/2014 report, this patient presents with "spasms in the low back and numbness and tingling in the left arm and in the left, hand, as well as in the left groin, both legs, and both feet." The current request is for group cognitive behavioral therapy x 6 sessions. The MTUS guidelines support cognitive behavioral therapy for chronic pain, but for initial trial of 3-4 sessions and no more than 10 sessions with progress. In this case, the treating physician is requesting 6 sessions of therapy which exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Urine drug screening: Overturned

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 UDS Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Under Urine Drug Testing

Decision rationale: According to the 11/13/2014 report, this patient presents with "spasms in the low back and numbness and tingling in the left arm and in the left, hand, as well as in the left groin, both legs, and both feet." The current request is for urine drug screening. Regarding urine drug screen (UDS), MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users; Official Disability Guidelines (ODG) Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the provided reports, it was indicated a UDS was obtained 11/13/2014 and no prior UDS was noted in the provided medical records. In this case, Tramadol and Norco (an opiate) has been prescribed to the patient since 06/25/2014. The current request is supported by ODG as a low risk patient currently using opiate medications. Therefore, this request is medically necessary.