

Case Number:	CM14-0215666		
Date Assigned:	01/05/2015	Date of Injury:	04/19/2007
Decision Date:	03/16/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas

Certification(s)/Specialty: Psychologist

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 56-year-old male who reported an injury on 04/19/2007. He was picking up batteries and reported hurting his hip. On 11/03/2014, he presented for a psychological consultation, evaluation, and treatment as part of a comprehensive pain management program. The injured worker had complaints of ongoing symptoms of chronic pain and functional limitations secondary to his industry injury that had negatively impacted his ability to work. He ambulated into the room without assistance. On examination, the injured worker was oriented to person, place, purpose, and time; however, his memory appeared somewhat confused and he would sometimes forget what he was saying midsentence. There was evidence of mania but no evidence of auditory or visual hallucinations, suicidal ideations, or substance use. He had a rapid pressured speech and had to be redirected on several occasions. His mood was congruent with anxiety and mania but incongruent with depression. He reported to have been experiencing drastic mood swings. The diagnoses were lumbar and lumbosacral disc degeneration, brachial neuritis or radiculitis, and sleep disturbance not otherwise specified. Medications included Lyrica, omeprazole, Ultracet, naproxen sodium, and Zocor. Prior therapies included physical therapy, massage, a TENS unit, relaxation training, exercise, epidural analgesic, and acupuncture. He also had a 5-year history of psychiatric care. The injured worker had above average scores on depression, anxiety, and somatization scales that indicate these areas may all be a significant concern. The provider's treatment plan included 12 sessions of cognitive behavioral therapy. The provider recommended cognitive behavioral therapy as part of a

comprehensive pain management program. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Behavioral Intervention Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain. Page(s): 23.

Decision rationale: The request for 12 sessions of cognitive behavioral therapy is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress in physical medicine alone. An initial trial of 3 to 4 visits over 2 weeks would be recommended and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. Based on the clinical information and psychological testing, psychotherapy would be indicated; however, the provider's request for 12 sessions would exceed the guidelines' recommendations. As such, medical necessity has not been established.