

Case Number:	CM14-0073175		
Date Assigned:	07/16/2014	Date of Injury:	06/17/2010
Decision Date:	01/26/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 52 year old male with date of injury 6/17/2010. Date of the UR decision was 5/9/2014. He encountered low back pain status post lifting a refrigerator onto back of a truck. Per report dated 4/29/2014, the injured worker was being treated for Major Depression and Chronic Pain Syndrome and was being prescribed Bupropion XL 150 mg and Risperidone 1 mg daily. A three month prescription was provided to the injured worker at that visit. He was also being prescribed Valium and Norco. Per that progress report, he was prescribed Abilify 5 mg daily as an adjunct therapy. The injured worker reported significant feelings of isolation, had interrupted sleep. It was suggested that he was undergoing treatment with Cognitive Behavior Therapy and that he has attended at least 13 sessions so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy times 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, cognitive therapy for depression

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).Upon review of the submitted documentation, it is gathered that the injured worker has had at least 13 psychotherapy sessions focused on CBT approach and there has been no mention of subjective or objective functional improvement. Based on the lack of the above information, the request for Individual Cognitive Behavioral Therapy X12 Sessions is excessive and not medically necessary.