

Case Number:	CM15-0008779		
Date Assigned:	01/26/2015	Date of Injury:	10/02/2008
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Family Practice

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 57 year old female with an industrial injury dated October 2, 2008. The injured worker's diagnoses include lumbar sprain and strain and symptoms of depression. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, cognitive behavioral therapy, consultation, and periodic follow up visits. According to the progress note dated 12/8/2014, the injured worker reported that she used to cry a lot and the cognitive behavioral therapy helped anxiety symptoms and depression. The injured worker also reported back pain and left shoulder pain. Physical exam revealed decreased range of motion and tenderness to palpitation of the lumbar spine. Documentation noted that the injured worker mood was mild with tears and no suicidal plan attempts. The treating physician prescribed services for six cognitive behavioral therapy sessions. Utilization Review (UR) determination on January 7, 2015 modified the request to two cognitive behavioral therapy sessions, citing MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 399-400. Decision based on Non-MTUS Citation ODG, Stress Management Techniques

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIOR THERAPY Page(s): 100-101.

Decision rationale: According to guidelines a trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. According to the medical records there is no mention that the patients ongoing pain is due to psychiatric disorders and thus is not medically necessary.