

Case Number:	CM15-0103000		
Date Assigned:	06/05/2015	Date of Injury:	10/26/2009
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of fibromyalgia, headaches, and depression reportedly associated with an industrial injury of October 26, 2008. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for 12 sessions of cognitive behavioral therapy ordered on April 14, 2015. The claims administrator contended that the attending provider had failed to respond to a request for additional information. The applicant's attorney subsequently appealed. In a June 16, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain. The applicant was using a knee brace owing to issues with knee instability, it was reported. The applicant had also alleged issues with psychological trauma, it was reported. Permanent work restrictions apparently imposed by a medical-legal evaluator were renewed. It was not stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In a Medical-legal Evaluation dated July 20, 2014, the medical-legal evaluator seemingly suggested that the applicant was off of work and that all periods of temporary disability set forth by the applicant's treating provider were appropriate. On May 27, 2014, the applicant reported ongoing complaints of low back, elbow, and mid back pain. The applicant was using three to five tablets of Norco daily, it was reported. The applicant was severely obese, with a BMI of 39. Permanent work restrictions were renewed. The applicant was given prescriptions for Norco, Cymbalta, and Prilosec. Trigger point injections were performed on February 10, 2015. On April 30, 2015, the applicant again reported multifocal pain complaints. The note was highly templated and difficult

to follow. The applicant had various and sundry issues including hypopituitarism, hypothyroidism, epilepsy, headaches, and von Willebrand disease, it was reported. The applicant had undergone earlier shoulder surgery. The applicant's medications included BuTrans, Norco, Flexeril, Cymbalta, Zofran, Restoril, and Topamax, it was reported. On April 14, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, headaches, and jaw pain. The applicant was apparently concurrently receiving care from multiple providers. Trigger point injections were performed. The applicant was asked to pursue 12 sessions of bio-behavioral pain management/cognitive behavioral therapy/psychotherapy, it was stated toward the bottom of the report, owing to ongoing issues with depression. It was not stated whether the applicant had or had not had such treatments in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Bio-Behavioral Therapy, 12 Sessions of per 4/14/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Behavioral interventions; Functional Restoration Approach to Chronic Pain Management Page(s): 23; 8.

Decision rationale: No, the request for 12 sessions of cognitive behavioral therapy is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 notes that issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 also notes that applicants with more serious mental health conditions may need a referral to a psychiatrist for medicine therapy. Here, the applicant was off of work. The applicant had various issues with depression and associated magnifications such as headaches, difficulty interacting with family members, etc. The applicant was off of work. The applicant was using at least one psychotropic medication, Cymbalta. It appeared, thus, that the applicant's mental health issues were of such severity that she was unlikely to benefit or profit from the cognitive behavioral therapy at issue. The 12 sessions of cognitive behavioral therapy at issue, furthermore, seemingly represented treatment in excess of the three-to four-session psychotherapy trial suggested on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the April 14, 2015 progress note in question was thinly and sparsely developed and did not clearly state or outline how much (if any) prior psychotherapy/cognitive behavioral therapy the applicant had had through the date of the request. Therefore, the request is not medically necessary.