MAXIMUS Federal Services

Case Number:	CM15-0107004		
Date Assigned:	06/11/2015	Date of Injury:	12/07/2011
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 53 year old male injured worker suffered an industrial injury on 12/07/2011. The diagnoses included depressive disorder. The injured worker had been treated with individual cognitive behavioral psychotherapy. On 5/13/2015 the treating provider reported depression, chronic fatigue, irritability, sleep disturbance and overwhelmed by stress. On exam he was dysphoric and hyperverbal. The treatment plan included Behavioral medicine treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral medicine treatment including Cognitive Behavioral and psycho dynamic therapies (biofeeback) qty: 24: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Chapter: Stress and Mental illness Topic: 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); ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for Behavioral medicine treatment including Cognitive Behavioral and psycho dynamic therapies (biofeeback) qty: 24 is not medically necessary at this time.