

Case Number:	CM15-0140414		
Date Assigned:	07/30/2015	Date of Injury:	08/11/2013
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 injured worker is a 58 year old female who sustained an industrial injury on 8.11.13 when a stack of book fell and landed on her left ankle. She has left foot and ankle pain; myofascial pain in the left foot and ankle; low back pain; left hip pain. Her left foot pain has gotten progressively worse. Examination of the left lower extremity reveals it was weaker than the right with decreased range of motion. Medications were Motrin, Tylenol, zanaflex, Percocet. Diagnoses include myofascial pain of the left foot and ankle; possible neuropathy L4-5; low back pain; left hip pain. Treatments to date include acupuncture of the left foot; physical therapy; supportive shoe gear. Diagnostics include MRI of the left foot (11.4.13) showing bursitis, suspect early stage Morton neuroma; MRI left ankle (11.4.13) showing tenosynovitis, mild degenerative changes; x-ray left foot (8.26.13) heel spurs and calcified plantar fasciitis; x-ray left ankle (8.13.13) no fracture; x-ray left foot (8.13.13) no fracture seen. On 7.17.15 Utilization Review evaluated a request for cognitive behavioral therapy two times per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

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 suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Cognitive Behavioral Therapy two times a week for six weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.