

Case Number:	CM15-0163277		
Date Assigned:	08/28/2015	Date of Injury:	05/08/2013
Decision Date:	08/31/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 65 year old female who sustained a work related injury on 05/08/2013, after a fall backwards. She received physical therapy, pain management, and psychotherapy. Diagnoses include cervicalgia, chronic pain syndrome, major depressive disorder single episode severe, panic disorder with agoraphobia, pain disorder associated with both psychological factors and a general medical condition chronic, and eating disorder NOS. The treatment request is for continued cognitive behavioral therapy. The patient complains of persistent significant pain and guarding in the left shoulder and neck. In a supplemental report of 07/27/15 by [REDACTED], the patient had completed 4 of 6 sessions. At the start of treatment she was isolating completely, rarely leaving her room or moving from her bed. At the time of this report she was driving herself to appointments, leaving her room, and reaching out to others. Increased motivated activity outside her room was 35%. She continued to endorse intermittent suicidal ideation without plan or intent. She was seen again on 07/31/15, and on 08/10/15, endorsing daily panic attacks, increased pain, "general malaise", obsessing and ruminative thinking around pain, disrupted sleep, and having depressed days. She said that her PCP had agreed to provide a prescription for Zoloft but then forgot, however had increased her Norco at night. Affect was dysthymic and blunted. There was no evidence of suicidal ideation. It was noted that increased panic and arousal are not uncommon as depression remits. She showed increased ability to link pain and psychological distress. Improvements included acceptance and grieving of losses related to chronic condition; increased acceptance, hopefulness, and positive cognitions pertaining to chronic conditions, improvement in mood and motivation, and re-engagement in

activities and social engagement with goals set to self-generate and maintain similar goals. Regarding pain she showed increased self-care and generation of novel coping skills and strategies to manage psychiatric distress and chronic pain syndrome with tools pertaining to core beliefs. There is a prescription for Zoloft 25mg on 08/11/15. Other medications include Pantoprazole, hydrocodone, cyclobenzaprine, Lidocaine ointment, Lisinopril, and Metformin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued cognitive behavioral therapy (cervical, chronic pain syndrome) (1x10):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary online version; Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

Decision rationale: Per CA-MTUS guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain, and has shown efficacy on both pain management and comorbid mood disorders. This patient carries the diagnoses of major depressive disorder single episode severe, panic disorder with agoraphobia, pain disorder associated with both psychological factors and a general medical condition chronic, and eating disorder NOS; as well as cervicgia and chronic pain syndrome. Guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The injured worker has made significant objective functional improvement in the initial six sessions approved and reasonable goals have been set. It is sound to provide this injured worker with additional services in order for her to continue to make strides and solidify her coping skills to approach her psychiatric and chronic physical conditions in more effective/ adaptive ways, affording her the opportunity for a more productive and healthy life. ODG guidelines allow up to 20 visits over 20 weeks if progress is being made, and in severe depression or PTSD up to 50 sessions. She has received six sessions. This request is medically necessary.