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| Case Number: | CM15-0181693 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 01/18/2013 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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: Physical Medicine & Rehabilitation

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 51 year old female with an industrial injury date of 01-18-13. Review of medical records indicates she is being treated for myalgia and neuralgia. Subjective complaints (08-12-2015) include neck pain radiating into her upper back, bilateral shoulders and left upper extremity with associated numbness and weakness in left upper extremity. "Patient reports she has not been able to sleep due to pain." The treating physician documented the injured worker reported a change in her job which had "caused her a lot of anxiety because she is worried she will be re-injured." Physical exam noted "trigger points left trapezius region." Review of medical records does not indicate a numeric pain rating. Her current medication is listed as Duexis. She received trigger point injections (left trapezius region) at the 08-12-2015 visit. In the progress note dated 08-20-2015 the treating physician documented "condition aggravated by emotional distress; told she will be returned to same classroom as where she was injured - panic attacks." Physical exam (08-20-2015) is documented by the treating physician as "fatigued appearance, flat affect." "Request referral as secondary treater to a cognitive behavioral therapist for chronic pain." Work status on 08-20-2015 is "modified work." "Temporary total disability if not available." Prior treatments included chiropractic (at least 8-10 sessions), ART Interferential stimulator, trigger point injections, physical therapy to lumbar and cervical spine. The request for cognitive behavioral therapist is dated 08-20-2015. There is a request for authorization dated 08-31-2015 for cognitive behavior therapy integrated medicine. On 09-02-2015 the request for Cognitive Behavior Therapy integrated medicine #6 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy integrated medicine #6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Cognitive Behavioral Therapy (CBT).

Decision rationale: The patient presents with pain in the cervical spine radiating to the upper back, bilateral shoulders and left upper extremity. The request is for Cognitive Behavior Therapy Integrated Medicine #6. Physical examination to the cervical spine on 08/12/15 revealed trigger points in the left trapezius region. Patient's treatments have included injections, chiropractic and physical therapy, EMG/NCV studies, and medication. Per 08/31/15 Request For Authorization form, patient's diagnosis includes myalgia. Patient's medications, per 08/12/15 progress report include Tramadol, and Duexis. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states, Behavioral Intervention section: "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. See also Multi-disciplinary pain programs. ODG Guidelines, Mental Illness & Stress Chapter under Cognitive Behavioral Therapy (CBT) Section states, "Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. (Crits-Christoph, 2001) ODG Psychotherapy Guidelines: 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Treater does not discuss the request. In 08/12/15 progress report, it is stated that there has been a change in patient's position at work which requires her to work one on one with kids and this change has caused the patient a lot of anxiety. In the same report, it is stated that the patient is unable to sleep because of pain. In this case, it appears the patient has not previously attended CBT sessions and the treater is requesting initial visits of CBT. Given the patient's symptoms and anxiety, sessions of Cognitive Behavioral Therapy would be indicated. ODG recommends up to 4 to 6 trial sessions to provide evidence of symptom improvement. The request appears to be reasonable and within guideline recommendations. Therefore, the request is medically necessary.