

Case Number:	CM15-0184910		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2012
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 62-year-old female who sustained an industrial injury on April 09, 2012. A recent secondary treating office visit dated September 02, 2015 reported chief subjective complaint of "pain in the neck, head, right shoulder and arm." Current medications list: Norco, and Cymbalta. Other medications show Flexeril, escatelopram, lorazepam, and Prilosec. The following diagnoses were applied to this visit: status post head injury with post concussive syndrome, post concussive headaches and dizziness, cervical strain sprain and myofascial pain; status post cervical spine surgery with residual right radiculopathy; right shoulder strain and sprain status post arthroscopic surgery; status post fall due to dizziness with fracture of left tibia; chronic pain syndrome, and comorbidities of status post lumbar spine surgery with chronic low back pain. The patient continues with ongoing chronic pain and is overwhelmed by the functional limitations, chronic pain associated feelings of stress and depression, and notes that cognitive behavior therapy session "have been helpful." The plan of care is noted: discontinuing Norco and prescribing a trial of Butrans patches. Psychiatric evaluation, start Cymbalta. On September 02, 2015 a request was made for cognitive behavioral therapy sessions total of 4 that were noncertified by Utilization Review on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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 recommend 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). The injured worker suffered from head injury with post concussive syndrome, post concussive headaches and dizziness, cervical strain sprain and myofascial pain. 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 6 Sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.