

Case Number:	CM15-0186824		
Date Assigned:	09/28/2015	Date of Injury:	07/19/2014
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 33 year old male, who sustained an industrial injury on 7-19-14. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis not otherwise specified; sleep disturbance not otherwise specified. Treatment to date has included acupuncture therapy (x8); urine drug screening; chiropractic therapy (x8); medications. Diagnostics studies included EMG study bilateral lower extremities (2-20-15). Currently, the PR-2 notes dated 7-22-15 indicated the injured worker complains of chronic pain and issues with depression, irritability, mood swings and anxiety. The provider documents "The patient reported pain in lower back and leg at a pain level of 8 out of 10 in session with medication and 9 out of 10 without medications on a scale of 0 to 10 with 0 being no pain and 10 being severe pain. He reported feelings of sadness and his wish that "things were back to normal." Patient continued to be severely depressed and visibly in pain. Mood visibly dysthymic and affect congruent. The patient was seen for continuing treatment of chronic pain and depress." A PR-2 note dated 7-27-15 is documented by the provider noting, "The patient arrived on time and complained of symptoms of chronic pain and issues with depression, irritability, mood swings, agoraphobia and anxiety. He stated his mood was a 'bit better'. The patient continued to report 'pinching' pain in lower back and leg at a pain level of 8 out of 10 in session with medication and 9 out of 10 without medication. He reported difficulty socializing and his sadness about not being able to be involved in activities that he loved. He also described feelings of 'nervousness, sweating and anxiety' when in a crowd or socializing and wanting to 'run away' from the crowd. Client stated the Lexapro prescribed did not help his depression. The patient was seen for continuing treatment of chronic pain, anxiety and depression." A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-16-15 and non-certification was for Cognitive behavioral therapy x 10. A request for authorization has been received for Cognitive behavioral therapy x 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 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)The injured worker has been diagnosed with thoracic or lumbosacral neuritis or radiculitis not otherwise specified; sleep disturbance not otherwise specified. He has received treatment so far with acupuncture therapy (x8); chiropractic therapy (x8) and medications. 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 x 10 exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.