

Case Number:	CM15-0189391		
Date Assigned:	10/28/2015	Date of Injury:	10/06/2005
Decision Date:	12/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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 54 year old male who sustained an industrial injury on 10-6-05. A review of the medical records indicates he is undergoing treatment for chronic pain, pain in shoulder joint, lumbar disc displacement without myelopathy, and cervical disc displacement without myelopathy. Medical records (8-7-15) indicate ongoing complaints of low back pain that radiates to his left lower extremity, posteriorly. He reports that the pain is "effectively managed with medications. The treating provider indicates that the injured worker has been "struggling to cope and has found benefit from speaking with his psychologist". The provider review of systems reveals complaints of night sweats, dizziness and headaches, neck pain, wheeziness, difficulty breathing while lying flat, constipation and nausea, urinary hesitancy, itching, balance problems, poor concentration, and weakness, as well as anxiety and depression. The physical exam reveals that the injured worker is "not anxious, not confused, and not fatigued". He is noted to be "in pain" and has an antalgic gait. Muscle tone is noted to be "normal" without atrophy in bilateral upper and lower extremities. Muscle strength is noted to be "5 out of 5" in bilateral lower extremities. Spasm and guarding is noted in the lumbar spine. Diagnostic studies have included MRIs of the cervical and lumbar spine, as well as an electrodiagnostic study of bilateral upper extremities. Treatment has included medications and a lumbar radiofrequency ablation on 1-23-08. The treatment recommendation includes "additional" cognitive behavioral therapy. The utilization review (8-27-15) includes a request for authorization of cognitive behavioral therapy 1x6 (cervical, lumbar, shoulder - side not indicated). The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 time a week for 6 weeks (cervical, lumbar, right shoulder):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 suffers from chronic pain secondary to industrial trauma and underwent an initial trial of psychotherapy treatment for chronic pain. The request for additional sessions i.e. Cognitive behavioral therapy 1 time a week for 6 weeks (cervical, lumbar, right shoulder) is not medically necessary based on the lack of objective functional improvement with the treatment so far.