

Case Number:	CM15-0192047		
Date Assigned:	10/06/2015	Date of Injury:	07/13/2012
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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 49 year old male, who sustained an industrial injury on 7-13-2012. The medical records indicate that the injured worker is undergoing treatment for persistent, severe somatic symptom disorder, major depressive disorder, coping deficit and maladaptive behavior, and rule out functional neurological symptom disorder. According to the progress report dated 8-4-2015, the injured workers treatment is focused on improving his coping skills, emotional distress, cognitive and social functioning, and adaptation to functional limitations. On a visual analog scale, he rates his present stress level as 2-5 out of 10. The mental status examination reveals depressed and anxious mood, worry, psychomotor agitation, fixation on pain and symptoms, fixation on problems, and frustration. The current medications are Tramadol, Etodolac, Famotidine, and Fluoxetine. Treatments to date include medication management, 56 cognitive behavioral therapy sessions, and 56 biofeedback sessions. Per notes, disability status "has not reached permanent and stationary". The original utilization review (9-18-2015) had non-certified a request for 8 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Cognitive Behavioral Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

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). ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and 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). Upon review of the submitted documentation, it is gathered that the injured worker has been diagnosed with persistent, severe somatic symptom disorder, major depressive disorder, coping deficit and maladaptive behavior, and rule out functional neurological symptom disorder. It has been suggested that he has participated in 56 cognitive behavioral therapy sessions and 56 biofeedback sessions so far. The request for 8 Cognitive Behavioral Therapy Sessions is excessive and not medically necessary as he has already exceeded the guideline recommendations of a complete trial based on the guidelines quoted above and further treatment is not clinically indicated.