

Case Number:	CM15-0194453		
Date Assigned:	10/08/2015	Date of Injury:	02/27/2008
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 55 year old female who sustained a work-related injury on 02/27/2008. Diagnoses include major depression mild and generalized anxiety disorder. On 07/22/2015 there is a neurological re-evaluation report. The patient presented with on and off headaches associated with nausea and photophobia, dizziness, and vertigo. Diagnoses were cervical spine musculoligamentous strain with radiculopathy, cervical spine headaches, and depression. Medications included Imitrex 50mg as directed, Topamax 25, mg BID, and an electronystagmogram had been requested at some point. On 08/18/2015 she reported anxiety, depressed mood, irritability, sleep disturbances, struggling with activities of daily living and worry about persistent pain. She appeared anxious, dysphoric, and fatigued. Affect was restricted. BAI was 21 (moderate) and BDI was 37 (severe), showing improvement from scores of 07/07/2015 which were 28 and 40 respectively. UR of 09/15/2015 noncertified cognitive behavioral therapy and relaxation training QTY 6.00 due to lack of progress notes provided since the last treatment authorization and unknown total sessions to date. No further records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy and relaxation training QTY 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: CBT is recommended. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. ODG guidelines indicate an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). No records were provided to show objective functional improvement or number of sessions provided. This request is not medically necessary.