

Case Number:	CM15-0200946		
Date Assigned:	10/16/2015	Date of Injury:	05/10/2013
Decision Date:	11/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Psychologist

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 48 year old female, who sustained an industrial injury on 5-10-2013. Diagnoses include cervicolumbar strain with upper and lower extremity radiculitis, cervical disc displacement without myelopathy, and lumbar disc displacement without myelopathy. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, chiropractic therapy, epidural steroid injection, and an unknown number of individual psychotherapy sessions. The medical records indicated she was treated for chronic pain in the neck and low back with development of depressive symptoms. A psychological evaluation was completed on 8-27-15. The record indicate there was a recommendation for a functional restoration program in the future and referral for psychological evaluation to "assess mood, sleep disturbance, and pain coping skills." She reported worsening mood over the past year including symptoms of depression and anxiety. She complained of worsening irritability, decreased self-esteem, negative ruminations, anger, and crying spells. Additionally there were complaints of panic-like symptoms and ongoing sleep disturbance. The physical examination documented multiple psychological tests were completed and demonstration of suppression of affect and dysphoric mood. The records documented moderate-to-severe results in measures of depression, anxiety, pain-related catastrophic thinking, and fear-avoidance beliefs. The treating diagnoses included depressive disorder secondary to medical condition and pain disorder associated with both psychological factors and orthopedic condition. The plan of care included participation in a pain education and coping skills group, requesting authorization for an initial four sessions of cognitive-behavioral pain education and coping skills treatment. The records documented four of ten available cognitive behavioral

group therapy sessions were completed between 9-8-15 and 9-28-15. The report dated 10-1-15, documented her receptiveness to learning, attentive interest and completion of homework assignments. It further documented improvement in activities of daily life, caring for a child, and activity pacing to avoid pain flairs. It documented high moderate levels of fear avoidance, and improvement in coping strategies. The treatment goals included sleep hygiene, stress management, behavioral training for mood disturbance, assertive communication skills, relaxation training, and creating a pain flare up plan. The appeal requested six (6) cognitive behavioral therapy sessions. The Utilization Review dated 10-9-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral therapy sessions: Overturned

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): Behavioral interventions.

Decision rationale: Based on a review of the medical records, the injured worker continues to experience chronic pain from her work-related injuries. She has also developed psychiatric symptoms of depression and anxiety secondary to the chronic pain. It appears that she has received psychological services in the past for an unknown number of treatments. There are a couple of notes included for review from [REDACTED] at [REDACTED]. The note and RFA are dated April 2015 and mention both psychotherapy and biofeedback. However, it is unclear as to the number of completed sessions of each modality. It is mentioned within other records that the injured worker received psychological treatment from [REDACTED]. However, there are no records from [REDACTED] and it is unclear whether she is a colleague of [REDACTED] or whether she provided services from a different clinic. Either way, the injured worker was authorized for another psychological evaluation in order to assess the need for any additional psychological treatments prior to a possible FRP admission. The psychological evaluation was completed by [REDACTED] and [REDACTED] in August 2015. In the report, the injured worker continued to endorse and demonstrate psychiatric symptoms. It was recommended that the injured worker participate in a 10 session pain education group. A request for an initial 4 sessions of the group was made and authorized. In the progress report dated 10/1/15, [REDACTED] presents relevant and appropriate information regarding the injured worker's progress from the 4 completed sessions. She recommends the final 6 sessions of the 10 week group. The request under review is based upon this recommendation. Despite having had psychological services in the past, the injured worker has continued to experience psychiatric symptoms. It appears that she has made some progress from her participation in the pain education/CBT group. As a result, the request for an additional 6 sessions that will complete the 10 week group program appears reasonable. Therefore, the request is medically necessary.