

Case Number:	CM15-0205639		
Date Assigned:	10/22/2015	Date of Injury:	10/22/2012
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 10-22-12. The injured worker was diagnosed as having severe major depression and anxiety not otherwise specified. Subjective findings (8-17-15, 8-24-15, 8-31-15 and 9-14-15) indicated that medications were helping with anxiety and negative thoughts. The injured worker continues to struggle with staying positive. Objective findings (8-17-15, 8-24-15, 8-31-15 and 9-14-15) revealed an appropriate affect, no suicidal ideations and normal cognitive functions. As of the PR2 dated 9-21-15, the injured worker reports symptoms of fear of financial insecurity, negative thoughts and struggle with talking about his disability. Objective findings include an appropriate affect, no suicidal ideations and normal cognitive functions. Treatment to date has included psychiatric treatment, Lexapro, Ambien and Risperidone. The Utilization Review dated 9-30-15, non-certified the request for cognitive behavioral therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CBT: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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). The injured worker suffers from lumbar disc displacement without myelopathy and Post laminectomy syndrome. It has been noted that he also suffers from depression and would be a good candidate for behavioral treatment of chronic pain. However, the request for Psychotherapy, 6 sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.