

Case Number:	CM15-0206360		
Date Assigned:	10/23/2015	Date of Injury:	08/18/2013
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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 38 year old female, who sustained an industrial injury on 8-18-13. The injured worker was diagnosed as having unspecified depressive disorder. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-24-15 indicated the injured worker complains of being anxious and upset. She reports she takes Gabapentin 300mg twice daily (1 in morning 2 in evening); Naproxen 550mg 1 twice a day; Cyclobenzaprine 7.5mg at bedtime; Omeprazole 20mg one daily and Lunesta 1mg in the evening. She complains the Lunesta has given her a rash after taking it two days. She reports having a QME and it reported there was nothing wrong with her even though there are a lot of abnormalities she has documented. She reports having no energy, concentration is very bad. She felt good two weeks ago and now her concentration is bad and interest is "so-so"; appetite is reported as some days she feels like eating and other days she does not eat at all. The provider notes "Review of psychiatric symptoms: anxiety, instability of mod, problems with sleep and energy." The provider is requesting a psychiatric follow-up. A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 10-15-15 and modified the certification for 10 cognitive behavioral therapy sessions to a total of 4 cognitive behavioral sessions with the remaining 6 sessions not certified. A request for authorization has been received for 10 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for 10 cognitive behavioral therapy sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.