

Case Number:	CM15-0206449		
Date Assigned:	10/23/2015	Date of Injury:	08/30/2010
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
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:

This is a 62 year old female with a date of injury on 8-30-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, back, left upper extremity and right lower extremity pain and depression and anxiety. Progress report dated 8-27-15 reports continued complaints of pain in the neck, bilateral shoulders and lower back. The pain is described as constant, achy, burning, throbbing, shooting, tingling and numb, rated 9 out of 10 and worse with activity. She reports episodes of anxiety, has difficulty answering questions and she has noticed worsening memory recall over the past 3 months. Objective findings: neck range of motion is decreased 50 percent and tender to palpation diffusely, lumbar spine has decreased range of motion, flexion 50 percent. Treatments include medication, physical therapy, biofeedback training, home stimulation device and cognitive behavior therapy. Request for authorization was made for 12 Sessions of Cognitive Behavior Therapy. Utilization review dated 10-1-15 modified the request to certify 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of CBT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

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 recommend 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 there is a lack of progress from physical medicine alone. Upon review of the submitted documentation, it is noted that the injured worker has completed four psychotherapy sessions focused on CBT approach with mild improvement. The guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for 12 Sessions of CBT would exceed the guideline recommendations for psychotherapy treatment of chronic pain and is not medically necessary.