

Case Number:	CM15-0026675		
Date Assigned:	02/19/2015	Date of Injury:	08/30/2005
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/12/2015

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 58 year old male, who sustained an industrial injury on 8/30/2005. He reports a tractor flipped over and rolled on top of him and multiple body injuries. Diagnoses include head injury, headaches, memory loss, poor concentration, tinnitus, depression, anxiety, cervical sprain/strain, cervical radiculopathy, bilateral shoulder pain with internal derangement, lumbar sprain/strain, bilateral knee pain and diabetes mellitus. Treatments to date include physical therapy, medial branch blocks, acupuncture, aquatic therapy, bilateral knee injections, 6 chiropractic treatments, audiology testing, cognitive behavioral therapy, psychotherapy and medication management. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported low back, knees and shoulder pain. On 2/2/2015, Utilization Review non-certified the request for cognitive behavioral therapy, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

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 has had treatment with psychotherapy sessions, however there is no information regarding the number of sessions completed so far. The request does not identify the number of sessions of Cognitive Behavioral Therapy being requested. Thus, the request for Cognitive Behavioral Therapy; unspecified number of sessions is not medically necessary.