

Case Number:	CM15-0043331		
Date Assigned:	03/13/2015	Date of Injury:	04/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas

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 45-year-old male who reported an injury on 04/17/2013. The mechanism of injury was a lifting injury. Prior therapies included chiropractic care, acupuncture, and physical therapy. The documentation indicated the injured worker had previously undergone cognitive behavioral therapy sessions. The documentation of 12/13/2014, by way of an appeal letter, indicated the request was made for 8 additional sessions of cognitive behavioral therapy as a part of the injured worker's comprehensive treatment plan for chronic pain syndrome. The documentation indicated the injured worker had developed some sequelae that had limited his function and recovery after the initial incident including anxiety, fear avoidance, depression, and sleep disorder. The injured worker underwent an initial psychological evaluation on 03/17/2014 and the documentation indicated the injured worker's signs and symptoms met the DSM-IV TR criteria for recurrent moderate major depression and anxiety disorder, not otherwise specified. The present complaints included moderately severe neck and low back pain that was constant. The injured worker's medications included hydrocodone/acetaminophen 10/325 mg, cyclobenzaprine 7.5 mg, Cymbalta 30 mg, gabapentin 600 mg, pantoprazole sodium DR 20 mg, cetirizine hydrochloride 10 mg, and lisinopril 40 mg. The documentation indicated the injured worker had functional improvement per the injured worker and the therapist. The injured worker had a significant decrease in anger and hostility with increased trust in medical professionals. The injured worker had decreased depressive symptoms including increased pleasure and feelings of contentment. The injured worker had increased social engagement with friends and structured activities outside the home. The injured worker had been actively working to accept

his chronic pain condition and started actively volunteering in his community and reaching out to others to help him leave his home and begin to build a new life. The injured worker's has had an acceptance of his chronic condition which was allowing for current work in the cognitive behavioral therapy towards decreased anger, increased hope and a return to active engagement in life and independent functioning. The injured worker began biofeedback. It was noted to be anticipated that a behavioral intervention would contribute to the injured worker's recovery, increasing his possibilities to have a positive short term effect on pain interference and long term effect on functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these at risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. The clinical documentation submitted for review indicated the injured worker had undergone prior cognitive behavioral therapy. However, the quantity of sessions previously attended was not provided. There was noted to be objective functional improvement. However, as the prior quantity was not provided, additional therapy would not be supported. Given the above, the request for 8 cognitive behavioral therapy sessions is not medically necessary.