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| Case Number: | CM15-0054549 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 09/12/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 49 year old female whose date of injury is 09/12/2007. The mechanism of injury was not provided, however it has impacted upon her ability to perform many of her activities of daily living. Diagnoses include lumbar spine strain with radiculitis, major depressive disorder and generalized anxiety disorder. Treatments have included medications, diagnostics, and cognitive therapy and biofeedback sessions. She had a course of six CBT sessions with 3 biofeedback sessions in 2011 which she found helpful. After this was discontinued she experienced an increase in her depressive symptoms. In a progress note from the treating physician of 01/06/2015 reported complaints of lower back pain radiating to the lower extremities; increase in depressive symptoms; increase in her symptoms of anxiety; insomnia; stress-intensified headache; and noted the improvement of symptoms with prior psychotherapy. Objective findings included the appearance of being anxious and distraught. Beck Anxiety and Depression Inventories were both 23 (severe), Beck Hopelessness=10 (moderate).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions 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. See also Multi-disciplinary pain programs.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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) Page(s): 23 of 127.

Decision rationale: The patient continues to suffer from residual symptoms of depression and anxiety, both in the severe range, with severe hopelessness. Her prior course of six CBT sessions in 2011 was reported as beneficial, however no documentation was provided as to objective functional improvement. Her depressive symptoms worsened with discontinuation of treatment. As that was four years ago, another trial of CBT would be indicated at this point given the severity of her Beck Inventories, to evaluate the possibility of developing coping mechanisms for her ongoing difficulties. But, per guidelines, this trial would be an initial 3-4 sessions over two weeks, and with evidence of objective functional improvement additional sessions. This request exceeds guidelines, and is not medically necessary.