

Case Number:	CM15-0057935		
Date Assigned:	04/02/2015	Date of Injury:	03/28/2011
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 56 year old male, who sustained an industrial injury, March 28, 2011. The injured worker previously received the following treatments neurological therapy, TRT (tinnitus retraining therapy) device, audiology, otolaryngologist and educational counseling. The injured worker was diagnosed with bilateral tinnitus, hyperacusis, sleep impairment secondary to tinnitus and neurosensory hearing loss. According to progress note of February 12, 2015, the injured workers chief complaint was decreased sound intolerance. The physical exam noted the injured worker was having exacerbated abnormal distress over tinnitus and hyperacusis/ decreased sound tolerance. The injured worker was intolerant of high frequency levels of 38-45 scored levels. The injured worker was using a TRT device, however cognitive behavioral therapy was recommended for the tinnitus, also. The treatment plan included request for cognitive behavioral therapy for stress and symptom reduction to reorganize the thinking about the tinnitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation US department of veteran affairs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress chapter, Cognitive Behavioral Therapy (CBT).

Decision rationale: The patient presents with tinnitus, hearing loss, hyperacusis and poor sleep. The request is for COGNITIVE BEHAVIOR THERAPY X 12. Patient's treatment have included tinnitus retaining therapy and neuronomic therapy with benefits. Per 02/08/15 progress report, patient's diagnosis include bilateral tinnitus, hyperacusis, sleep impairment secondary to tinnitus, and neurosensory hearing loss. Patient's work status was not specified. Regarding cognitive behavioral therapy, MTUS page 23 states: "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)." In progress report dated 02/08/15, treater states, "This is a series of office visits where therapy for stress and symptom reduction consists of recognizing the thinking about tinnitus." The patient has had neuronomic and tinnitus retaining therapy. Given the patient's condition, cognitive therapy may be beneficial. However, MTUS recommends trial of 3-4 sessions and up to 6-10 visits with functional improvement. The current request exceeds what is allowed by MTUS for CBT. Therefore, the request IS NOT medically necessary.