

Case Number:	CM15-0081567		
Date Assigned:	05/04/2015	Date of Injury:	10/22/2007
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 36 year old male whose date of injury is 10/22/2007. His diagnoses include depressive disorder NOS, pain disorder associated with both psychological factors and general medical conditions, and sleep disorder due to pain and insomnia; and thoracic or lumbosacral neuritis or radiculitis, and lumbosacral radiculopathy. Treatments have included chiropractic, physical therapy, heat therapy; lumbar spine decompression surgery (1/23/13), 1 point cane, modified work duties, and medications. He underwent psychological evaluation on 07/11/12, his BAI/BDI scores were in the severe range. He received CBT and in another psychological evaluation of 09/12/13, BDI/BAI continued to show as severe. The PR2 of 3/31/2015 reported anger, anxiety and concentration problems, depressed mood, fear, increased appetite, irritability, sexual dysfunction with diminished libido, sleep disturbances, struggling with activities of daily living, and worry about persistent pain. He was noted to be dysphoric, with normal affect, and BAI and BDI scores in the severe range. UR of 04/15/15 denied the request for six CBT sessions and relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6 (2x3) Sessions and Relation Training: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: 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 23 of 127. The patient has been receiving CBT, which was initially certified apparently after his psychological evaluation of 07/11/12. It is unknown how many sessions he has received to date. His BDI/BAI scores continue to show severe ranges in terms of depression and anxiety, and objective functional improvement from this treatment cannot be considered to be significant. As such, this request is not medically necessary.