

Case Number:	CM15-0244048		
Date Assigned:	12/23/2015	Date of Injury:	05/20/2013
Decision Date:	01/25/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/15/2015

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: 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 57 year old male, who sustained an industrial injury on 05-20-2013. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for neck pain, headaches due to head trauma, myofascial pain, cervical discogenic pain, cervical radiculitis, C5-6 disc herniation status post cervical fusion, right shoulder pain status post surgical repair, lumbar degenerative disc disease, lumbar radiculitis, thoracic back pain, insomnia, and L4-5 disc degeneration. Treatment and diagnostics to date has included cervical and shoulder surgeries, injections, physical therapy, cognitive behavioral therapy, and medications. Recent medications have included Cymbalta, Ambien, Flexeril, Gabapentin, and Norco. Subjective data (11-30-2015), included pain in neck, right shoulder, low back, and thoracic back. Objective findings (11-30-2015) included a depressed affect, antalgic gait, positive straight leg raise test, and tenderness to lumbar paraspinal muscles. The request for authorization dated 12-02-2015 requested 6 additional cognitive behavioral therapy sessions, Norco, Neurontin, Cymbalta, and Flexeril. The Utilization Review with a decision date of 12-07-2015 non-certified the request for 6 additional cognitive behavioral sessions for head, headaches, right ankle, right shoulder, neck, and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional cognitive behavioral sessions for head, headaches, right ankle, right shoulder, neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: After an initial brief treatment trial of (4-6 session), with documentation of patient benefit, the ODG recommends "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." A request was made for six additional cognitive behavioral therapy sessions, the request was non-certified by utilization review which provided the following rationale: "However, there is no documentation concerning functional improvement from previously completed biofeedback therapy and CBT sessions. A comprehensive mental status examination was also not available for review." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this IMR consisted of approximately 150 pages. Although the patient's medical and physical medicine treatment was well documented, and there were multiple mentions of the need for psychological treatment (for symptoms of depression, anxiety, and insomnia) as well as indications that he has been participating in some psychological treatment, there was no psychological treatment records included for consideration for this IMR. Because there was no copy of the initial psychological evaluation, any psychological treatment records relating to the quantity of sessions the patient has received to date and the outcome as well as specific treatment goals for the requested sessions the medical necessity the request could not be established. This patient may be in need of additional psychological treatment. However because no psychological treatment records were provided for consideration for this IMR medical necessity of the request was not established. Therefore this request was not found to be medically necessary and appropriate on that basis.