

Case Number:	CM14-0118959		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2011
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with a date of injury 4/25/2011. Date of the UR decision was 7/16/2014. She suffered injury to her cervical spine, lumbar spine, hips and knees resulting in chronic pain as a result of cumulative trauma while performing her work duties as caregiver for elderly. She has undergone treatment in form of Physical therapy, Chiropractic treatment, medication management, cognitive behavior therapy and injection treatment. Report dated 1/31/2014 documented that she suffered with persistent low back pain and had muscle spasms, tightness and stiffness. She walked with help of a cane and was taking Norco to be functional. It was indicated that she was having problems with anxiety, depression and insomnia. It was indicated that she has been in psychotherapy treatment and was taking psychotropic medications namely Buspar, Trazodone and Effexor. Report dated 9/27/2013 indicated that she was being treated for Panic disorder with agoraphobia and Major depressive disorder, recurrent episode for which Effexor 225 mg daily, Buspar 20 mg three times daily and Trazodone 250 mg nightly were being prescribed. Report dated 2/18/2014 suggested that she was experiencing reactive mood with anxiety, irritability, anger, depression and decreased energy.

IMR ISSUES, DECISIONS AND RATIONALES

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

(CBT) Cognitive Behavior Therapy 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitive Behavior Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: The California MTUS states that behavioral interventions are 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. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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). Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment. However, there is no clear documentation regarding the number of sessions completed so far, results from the treatment etc. Based on the lack of that information, the request for Cognitive Behavior Therapy 1x6 is not medically necessary at this time.

Neuropsychiatric Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Brain>, <Neuropsychologic testing

Decision rationale: It is unclear as to why the Neuropsychiatric testing is needed for the injured worker. There is no mention of any neurologic deficit for which this kind of testing is usually performed or indicated. Thus, the request for Neuropsychiatric Testing is not medically necessary.