

Case Number:	CM14-0133569		
Date Assigned:	08/27/2014	Date of Injury:	08/20/2011
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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:

The patient is a 45-year-old female who has submitted a claim for severe major depression single episode, spinal stenosis of lumbar region, sprains and strains of lumbar region, lumbago, associated with an industrial injury date of 8/20/2011. Medical records from 2/3/2014 up to 8/5/2014 were reviewed showing depressive symptoms. She stated getting upset very easily and lack of concentration while doing skilled work. She is fatigued, complained of reduced energy, and sleep disturbances. She has no suicidal ideations. Physical examination showed that the patient was well-groomed with a left sided mid-stroke antalgic gait. She exhibited signs of lethargy, fatigue, anhedonia, and avolition. Her global assessment functioning was 40, unchanged from her very first session on 2/11/2014. Treatment to date has included psychotherapy, physical therapy, HEP, injections, Norco, Acetaminophen, Naproxen, Pantoprazole, Tramadol, Gabapentin, Lexapro, and Senna laxative. Utilization review from 8/19/2014 denied the request for additional cognitive behavioral therapy, 6 sessions. The patient had not yet completed the previously authorized sessions, and documentation lacks any indication of objective functional benefit as a result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive Behavioral Therapy, 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions (2009) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that 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. ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient has completed a total of 9 CBT (cognitive behavioral therapy) sessions with three more remaining. The patient's global assessment functioning have remained unchanged since the very first session (GAF=40). Although as noted in PR dated 8/5/14, the patient has made the following gains: decreased catastrophic anxiety and panic by 20%, increased personal hygiene and grooming, increased trust in medical professionals, and greater participation in active coping strategies. However, the patient has 3 remaining approved sessions. Completion of those sessions with progress reports documenting functional gains would have to be assessed prior to approval of another 6 visits. Therefore, the request for additional cognitive behavioral therapy, 6 sessions is not medically necessary.