

Case Number:	CM14-0134851		
Date Assigned:	08/27/2014	Date of Injury:	05/09/2013
Decision Date:	09/30/2014	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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 49-year-old male who reported injury on 05/19/2013 reportedly when he and two coworkers were attempting to dislodge a stuck pallet containing many boxes, the injured worker reported that the pallet lurched and he was caught underneath it. As a result he chipped a bone in his right ankle and hurt his right arm and knee. The worker's treatment history included medications, surgery, physical therapy, acupuncture sessions, MRI studies, aquatic therapy, and cognitive behavioral therapy sessions. The injured worker was evaluated on 08/15/2014, and it was documented that the injured worker reported symptoms of depression, sadness, anhedonia, and complained of anxiety and insomnia. The injured worker stated that he has been feeling overwhelmed by a number of health issues he had been dealing with lately. He stated that he had difficulty accepting his inability to work and his current physical limitations. The injured worker was cooperative, appropriate, alert and oriented. The injured worker's mood was anxious with a congruent effect. Thought process and content were within normal limits. He denied suicidal and homicidal ideation and no psychotic symptoms were noted. Purpose of the appointment was for the treatment of symptoms of depression anxiety as they directly related to the injured worker's injury and subsequent pain syndrome. Therapist and injured worker discussed ways to alleviate his emotional distress encouraged the injured worker to try mindfulness practice and to engage in self-care activities such as being in nature, ongoing psychosocial intervention as integrated part of comprehensive pain management. Diagnoses included long term use of medications, pain in joint, lower leg; pain in joint, painful foot. Medications included Buprenorphine, Gabapentin, Nabumetone, and Pantoprazole. Request for Authorization dated 04/25/2014 was for extension for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension for cognitive behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The request for extension cognitive behavioral therapy sessions is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - 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). The documents provided on 08/15 /2014 stated the injured worker has not had any functional improvement and long term functional goal was not provided for the injured worker. Additionally, the request failed to indicate the # of required sessions. Given the above, the request for extension cognitive behavioral therapy sessions is not medically necessary.