

Case Number:	CM14-0140359		
Date Assigned:	09/10/2014	Date of Injury:	06/02/2007
Decision Date:	11/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 a licensed Psychologist, 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 55-year-old male with a reported date of injury on 06/02/2007. The injury reportedly occurred when a car bumped into his knee. His diagnoses were noted to include adjustment disorder with depressed anxious mood, depressive disorder, anxiety disorder, lumbar disc displacement without myelopathy, and chronic pain. His previous treatments were noted to include cognitive behavioral therapy and medications. The progress note, dated 05/02/2014, revealed complaints that there had been no change in his physical symptoms. The injured worker reported feeling increases in depression and anxiety which he attributed to having not been provided with medications. The injured worker had improved while on Effexor and Trazodone; however, he was not taking medication for some time. The injured worker indicated without medications, he would get moody, crazy, irritated, and no one could be around him if he didn't have them. The mental status examination revealed a depressed mood with a restricted affect. The provider indicated that thought process was organized, logical, and goal directed. The provider indicated the injured worker did not have suicidal ideations, homicidal ideations, auditory hallucinations, visual hallucinations, or tactile hallucinations. The progress note, dated 08/07/2014, revealed the injured worker reported feeling better now that he had been able to resume his medications. The injured worker indicated he continued to worry about future medical care and that he did not wish to settle his case, for fear that he may be left out of treatment. He reported no change in physical symptoms. The mental status examination revealed a mood described as good, and organized, logical, and goal directed thought process. The provider indicated the thought content was without suicidal ideations, homicidal ideations, auditory hallucinations, visual hallucinations, or tactile hallucinations. The Request for Authorization form, dated 08/07/2014, was for cognitive behavioral therapy 6 visits; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive skills development behavior therapy 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions (CBT).

Decision rationale: The request for cognitive skills development behavior therapy 6 visits is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines recommend up to 13 to 20 visits over 7 to 20 weeks (individual sessions) if progress is being made. The injured worker has completed 4 cognitive behavioral therapy visits. There is a lack of documentation showing that cognitive behavioral therapy improved symptoms. There is insufficient evidence of improvement with past treatment to support the request for additional therapy. In addition, the submitted request fails to specify the frequency or duration of treatment. Therefore, the request is not medically necessary.