

Case Number:	CM14-0167572		
Date Assigned:	10/14/2014	Date of Injury:	02/24/2000
Decision Date:	12/16/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 48-year-old male who reported an injury on 02/24/2000 due to an unknown mechanism. The diagnosis is major depression/anxiety, generalized anxiety disorder and chronic pain syndrome. There were no other diagnoses reported. The injured worker had a physical examination on 09/17/2014 that revealed the provider asked him to write a calendar but it was not working out. It is reported that the injured worker got irritated and frustrated with himself and with the provider. The wife stated that the injured worker could not attend to the calendar. He gets frustrated and cannot do the task. It was also reported that the injured worker was doing some recycle pick up and that made him less depressed and more motivated. The injured worker takes half hour drives from gas station to gas station and picks out recycle from garbage cans 6 days a week. It was reported that the injured worker's wife gets stressed and did so in front of the provider. The injured worker had no insurance outside workman's comp insurance. It was reported that the injured worker remained severely depressed. The fact that the psychologist was not being paid was inconceivable. The injured worker was unable to carry out memory task for the calendar use. The provider gave him other memory strategies to try at home. It was recommended that the injured worker have 6 visits of cognitive therapy for memory problems, depression/anxiety. Medications were Norco. It was noted that the injured worker was very poorly functional. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy x6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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

Decision rationale: The decision for Cognitive Therapy x 6 visits is not medically necessary. The California Medical Treatment Utilization Schedule states 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. It also recommends 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 a 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 week with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The included medical documents lack evidence of baseline functional testing and a complete and adequate pain assessment. The only medication mentioned was Norco. There was no psychological evaluation provided. The injured worker did not display motivation to change. There is no mention of the injured workers attempt to participate in modified part time work. Therefore, the request is not medically necessary.