

Case Number:	CM15-0128641		
Date Assigned:	07/15/2015	Date of Injury:	10/10/2014
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

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

This injured worker is a 51 year old male who reported an industrial injury on 10/10/2014. His diagnoses, and or impression, were noted to include: cervical disc degeneration and radiculitis; post-cervical laminectomy syndrome; shoulder pain; and long-term use of medications. X-rays of the cervical spine were noted on 10/20/2014; magnetic imaging studies of the cervical spine were noted to have been done on 12/12/2014. His treatments were noted to include diagnostic studies; surgery; radiology consultation on 4/17/2015; injection therapy; medication management; and rest from work before a return to modified work duties. The progress notes of 6/4/2015 reported the gradual onset of pain in the neck, right shoulder with only a few hours of relief, down to baseline pain, from the cervical epidural steroid injection; strong neck pain into the bilateral arms, with headaches, depression, insomnia, anger, anxiety and desperation. Objective findings were noted to include an elevated blood pressure; a desperate appearance with a worse than normal agitated mood and noting him to say "I can't take this much longer, I'll find someone who can, when will I get help", followed by need to coach him to stay for the examination; positive compression test and decreased range-of-motion in the left upper extremity; and decreased sensation in the right lower extremity. The history notes the use of un-prescribed marijuana to help with his pain. The physician's requests for treatments were noted to include cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6 Visits Over 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain 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 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 suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Cognitive Behavioral Therapy 6 Visits Over 3 Weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary.