

Case Number:	CM15-0179600		
Date Assigned:	10/13/2015	Date of Injury:	03/09/2000
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male, who sustained an industrial injury on 3-9-00. The injured worker has complaints of neck pain that radiates down her bilateral upper extremities; thoracic back pain that radiates to the left shoulder accompanied by numbness intermittently and low back pain that radiates down the bilateral lower extremities. The injured workers pain is rates at 3 to 4 out of 10 intensity with medications and 7 to 8 out of 10 in intensity without medications. The injured worker reports improvement with rest. The injured worker reports ongoing activities of daily living limitation in the following areas due to pain, self-care and hygiene, activity, ambulation, hand function, sleep, sex and per report interference with activities of daily living due to pain over the past month is rated as 3 on a scale of 1 to 10 where 0 is no interference and 10 is unable to carry on any activities. Thoracic examination revealed there is tenderness noted in the bilateral paravertebral region and sensory examination shows decreased touch sensation on the left. The injured worker was observed to be in moderate distress, his gait was slow. The diagnoses have included depression; chronic pain other; cervical radiculitis; thoracic disc degeneration; thoracic disc displacement; thoracic radiculitis; lumbar radiculitis and shoulder pain. Treatment to date has included soma; Cialis; cymbalta; lidocaine patch; lyrica; naproxen; tramadol zolpidem and prevacid. Magnetic resonance imaging (MRI) of the lumbar spine on 6-2-15 revealed at L4-L5 there was a 6.4 millimeter posterior disc protrusion and degenerative changes resulting in mild spinal canal and mild bilateral neural foraminal stenosis; at L5-S1 (sacroiliac), there is a 4.2 millimeter posterior disc protrusion and degenerative changes resulting in mild-to-moderate bilateral neural foraminal stenosis and large circumscribed possible

cyst in the lower pole of the left kidney measuring 9.8 X 10.0 X 13.8 centimeter; smaller bilateral renal cysts seen and follow-ups as clinically indicated. The original utilization review (9-1-15) non-certified the request for individual CBT (cognitive behavioral therapy) session, quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT (cognitive behavioral therapy) session, Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy.

Decision rationale: The patient was injured on 03/09/08 and presents with pain in his neck, thoracic spine, and low back. The request is for INDIVIDUAL CBT (COGNITIVE BEHAVIORAL THERAPY) SESSION, QTY 6. The RFA is dated 08/06/15 and the patient's current work status is not provided. MTUS Guidelines, Behavioral Intervention section, page 23 states: "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-TWC, Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy states: "Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures.- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The patient is diagnosed with depression; chronic pain other; cervical radiculitis; thoracic disc degeneration; thoracic disc displacement; thoracic radiculitis; lumbar radiculitis and shoulder pain. The utilization review letter states that the patient has had 3 years of prior individual psychotherapy and 5 years of group psychotherapy "which he had benefit from." However, there is no documentation of the specific benefit the patient had with his pain and function from prior psychotherapy. ODG recommends up to 20 visits over 7-20 weeks if progress is being made. Furthermore, there is no indication of why the patient needs additional psychotherapy with his extensive history of psychotherapy over five years. The request IS NOT medically necessary.