

Case Number:	CM15-0063203		
Date Assigned:	04/09/2015	Date of Injury:	08/16/2013
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 is a 50 year old female whose date of injury is 08/16/2013 while on a ladder. She was using a wheelchair for mobility. The diagnoses include major depressive disorder severe, knee pain, lumbar disc degeneration and anxiety. She was treated with paroxetine, Ativan, zolpidem, and Tramadol. On 3/2/2015 the treating provider reported that she continued to have high stress but therapy is helpful to work it through. She had completed 12 CBT sessions. She was still depressed, but less anxious and agitated, and was sleeping about 4 hours per night. She had gained 4lbs. The treatment plan included 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, six sessions: 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 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. See also Multi-disciplinary pain programs. ODG

Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). 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 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Page(s): 23 of 127.

Decision rationale: The patient has received 12 CBT sessions. There was no clear description of the symptoms she was suffering from. There were no identifiable goals and no discernible objective functional improvement other than the statement that she was less anxious and agitated. CA-MTUS allows for an initial trial of 3-4 visits with an additional 6-10 session, with objective functional improvement. This request is therefore non-certified and is not medically necessary.