

Case Number:	CM14-0028084		
Date Assigned:	06/13/2014	Date of Injury:	11/27/2000
Decision Date:	09/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 62-year-old female with a date of injury of 11/27/2000. The listed diagnoses per [REDACTED] are: 1. Major depression. 2. Depressive disorder, not elsewhere classified. According to progress report 12/16/2013, the patient presents with low back, lower extremity, left shoulder, left ankle, and left foot pain. Provider states that the patient has become increasingly more depressed and despondent over the past few years. The patient is currently taking Cymbalta which she has been taking for 5 to 6 years and Seroquel which was added to her medication regimen 2 years ago. Seroquel 300 mg seems to help with her mood and insomnia. The patient reports spontaneous crying, morbid thoughts, feeling of helplessness and hopelessness, minimal motivation, and frustration. Examination revealed patient is extremely anxious, nervous, fidgety, and irritable. Provider states mood is profoundly depressed. Cognitive function is moderately impaired, and attention and concentration are fair. The treater recommends cognitive behavioral therapy once a month for 12 months. Utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY X 12, ONCE A MONTH FOR 12 MONTHS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment; Behavioral interventions Page(s): 23.

Decision rationale: This patient presents with low back, lower extremity, left shoulder, left ankle, and left foot pain. The patient also complains of depression and insomnia. The provider states the patient's mental status reveals the patient is extremely anxious, very nervous, fidgety, and irritable. Cognitive function is moderately impaired. He is requesting patient participate in cognitive behavioral therapy once a month for 12 months. MTUS guidelines do recommend identification and reinforcement of coping skills for management of chronic pain. When cognitive behavioral therapy is recommended, it recommends starting with an initial trial of 3-4 sessions, and with improvement, up to 6-10 sessions. The current request of 12 sessions exceeds what is recommended by MTUS. Recommendation is for not medically necessary.