

Case Number:	CM13-0001159		
Date Assigned:	11/22/2013	Date of Injury:	03/11/2009
Decision Date:	01/21/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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 59 year-old, male Highway Patrol Officer who was involved in a high speed accident, and injured his upper back area, right ankle, both eyes. This happened while at work on 03/11/09. He is currently working. Medical records provided do not show a formal diagnosis of PTSD nor of any related disorders. The patient has received monthly psychotherapy. The attached records indicate that the patient has increased functional abilities as a result of the monthly psychotherapy. The item under consideration for this review is the medical necessity of ongoing monthly psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (monthly - ongoing), Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pages 105-127 and the Official Disability Guidelines (ODG).

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

Decision rationale: In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. The patient has received monthly psychotherapy. The attached records indicate that the

patient has increased functional abilities as a result of the monthly psychotherapy. The Chronic Pain Medical Treatment Guidelines, page 23 has the following to state about 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)". These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. Ongoing, or unlimited psychotherapy sessions, exceeds that guideline and as such are not medically necessary per MTUS