

Case Number:	CM13-0010097		
Date Assigned:	12/11/2013	Date of Injury:	09/23/1997
Decision Date:	02/19/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

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 Psychology and is licensed to practice in Texas. 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 69-year-old female who reported an injury on 09/23/1997. The mechanism of injury was not provided. The patient's diagnoses were noted to be depressive disorder, not otherwise specified, with anxiety and psychological factors affecting her medical condition. The request was made for 13 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend cognitive behavioral therapy for chronic pain, and to consider separate psychotherapy cognitive behavioral therapy after 4 weeks, if there is a lack of progress from physical medicine alone. The initial trial of 3 to 4 visits of psychotherapy is to be performed over 2 weeks. While it was indicated the patient had depressive disorder not otherwise specified

with anxiety, there was a lack of documentation indicated the necessity for treatment. There was a lack of the patient's objective psychological examination with findings. The request was made for 3 to 4 sessions of cognitive behavioral therapy and 1 medication management session in 45 days. Given the above, the request for 13 sessions of cognitive behavioral therapy is not medically necessary.