

Case Number:	CM13-0024235		
Date Assigned:	11/20/2013	Date of Injury:	09/21/1994
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/13/2013

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:

This patient is a female who sustained a work-related injury on 09/21/1994. Mechanism of injury not provided. The Patient began her employment at the [REDACTED] on 12/7/87. Her last day of work there was on 7/14/00. The Patient was placed on disability by [REDACTED], [REDACTED] and [REDACTED]. As a secretary, The Patient's usual work duties included typing, answering phones, filing, and compilation of department's overtime report, assisting supervisor with projects and other various duties. Although no written work performance evaluations were provided, there were other indications of positive work performance. For example, the patient received raises in pay, was promoted twice and worked there for 13 years. The patient developed depressive and anxious emotional complications of physical pain, disability and altered activities. The treating provider's most recent report dated 05/03/13 is available for review. On that date, the patient has reported subjective complaints include anxiety, depression, diminished energy, impaired concentration, impaired memory, and periods of crying, sleep disturbance, and anger. She also has headaches, hypertension, gastrointestinal distress, and musculoskeletal pain. Wellbutrin and Prozac were listed as active psychiatric medications on the report from the [REDACTED] from 6-3-13. She has also been treated with Prosom for insomnia. The patient is diagnosed with major depression, recurrent, in partial remission. She has received extensive psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy once (1) a week for twenty four (24) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral Interventions.

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

Decision rationale: The Chronic Pain Guidelines recommend the following about Behavioral interventions: 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. 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, a total of up to 6-10 visits over 5-6 weeks individual sessions. The guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. Twenty-four psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS guidelines.