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| Case Number: | CM13-0025113 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 06/25/2010 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Physical Medicine and Rehabilitation, 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 60-year-old female who reported an injury on 06/25/2010 after helping a patient transfer causing an injury to her left knee. The patient developed low back complaints. The patient underwent a cognitive behavioral evaluation and subsequently participated in individual cognitive behavioral therapy. The patient's most recent clinical evaluation describes numbness and tingling sensations in the patient's fingertips. The patient's diagnosis included chronic pain syndrome. The patient's treatment plan included continuation of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy 2 sessions: Upheld

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

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

Decision rationale: The requested Cognitive Behavioral Therapy 2 sessions are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously participated in psychotherapy. California Medical Treatment Utilization Schedule recommends 3 visits to 4 visits of initial psychotherapy to produce evidence of

objective functional improvement to support additional cognitive behavioral therapy. The clinical documentation submitted for review does not provide any quantitative objective functional improvement. Additionally, it is not indicated how many sessions the patient has already participated in. As such, the continuation of treatment cannot be supported. As such, the Cognitive Behavioral Therapy 2 sessions are not medically necessary or appropriate.