

Case Number:	CM13-0025162		
Date Assigned:	11/20/2013	Date of Injury:	10/28/2009
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 has a date of injury of 10/28/09 with a history of recurrent depression. In a request for authorization of medical treatment from [REDACTED] dated 09/03/13, it notes a diagnosis of major depressive disorder and a requested procedure of cognitive behavioral therapy once a week for 12 weeks. A progress note of 04-04-13 notes the patient's history of a low back injury in October 2009. He has been depressed about the injury and is having marital problems. He is socially isolative and hopeless and helpless. He has problems with sleep and energy and sexual dysfunction. On examination, he was depressed. His diagnosis was a major depressive disorder, not otherwise specified and his global assessment of functioning was felt to be 65. He was felt to be clinically depressed and was started on Cymbalta. He has also been treated with bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy one time per week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 23.

Decision rationale: 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. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Twelve psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.