

Case Number:	CM13-0028341		
Date Assigned:	11/27/2013	Date of Injury:	03/15/2011
Decision Date:	02/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Psychologist 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 reported a work related injury on 03/15/2011 as a result of work related stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

cognitive behavioral psychotherapy 1x/week for 24 weeks (24 sessions): Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized cognitive behavioral therapy sessions since at least 02/2013. The patient's treating provider documents on both the clinical note dated 02/20/2013 as well as the clinical note dated 10/05/2013 that the patient continues to benefit from psychotherapy to assist in dealing with depression consequent to industrial injury and trauma. However, documentation of any specific objective findings resolving or improving status post multiple cognitive behavioral therapy sessions was not evidenced in the clinical notes reviewed. Furthermore, the current request is excessive in nature as the patient has utilized multiple sessions of cognitive behavioral therapy without documented evidence of efficacy of treatment.

California MTUS indicates, with evidence of objective functional improvement, a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks of individual sessions are supported. Given the lack of the above, the request for cognitive behavioral psychotherapy 1x/week for 24 weeks (24 sessions) is not medically necessary or appropriate.