

Case Number:	CM13-0029424		
Date Assigned:	11/01/2013	Date of Injury:	01/12/2013
Decision Date:	02/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine, has a subspecialty in Cardiology, 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 37-year-old male who reported an injury on 01/12/2013. The patient is currently diagnosed with depressive disorder, posttraumatic stress disorder, and insomnia. The patient was seen by the provider on 08/16/2013. The patient reported persistent pain and sleep difficulties. Objective findings included improved mood, anxiousness, nervousness, and depression. The treatment recommendations included continuation of current cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-behavioral psychotherapy/biofeedback training any modal/group medical psycho therapy 1x/week for 6 months (depression, posttraumatic stress disorder,insomnia):
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 Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is recommended, and is allowed for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6

weeks may be appropriate. As per the clinical notes submitted, the patient has previously participated in cognitive behavioral therapy with relaxation training plus psychiatric treatment, and group therapy. Despite ongoing treatment, the patient continues to report persistent pain, continues to demonstrate anxiousness, nervousness, and depression. A significant functional improvement following the initial course of psychotherapy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.

Consultation with psychiatrist: 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 Page(s): 23.

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended, and is allowed for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has previously participated in cognitive behavioral therapy with relaxation training plus psychiatric treatment, and group therapy. Despite ongoing treatment, the patient continues to report persistent pain, continues to demonstrate anxiousness, nervousness, and depression. A significant functional improvement following the initial course of psychotherapy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.

Psychiatrist sessions, 1x/week for 4 months (psychotropic medications): 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 Page(s): 23.

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended, and is allowed for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has previously participated in cognitive behavioral therapy with relaxation training plus psychiatric treatment, and group therapy. Despite ongoing treatment, the patient continues to report persistent pain, continues to demonstrate anxiousness, nervousness, and depression. A significant functional improvement following the initial course of psychotherapy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.

Relaxation training/hypnotherapy/desensitization techniques, 1x/week for 6 months (depression, posttraumatic stress disorder, insomnia): 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 Page(s): 23.

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended, and is allowed for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has previously participated in cognitive behavioral therapy with relaxation training plus psychiatric treatment, and group therapy. Despite ongoing treatment, the patient continues to report persistent pain, continues to demonstrate anxiousness, nervousness, and depression. A significant functional improvement following the initial course of psychotherapy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.