

Case Number:	CM13-0029568		
Date Assigned:	03/28/2014	Date of Injury:	04/23/1999
Decision Date:	04/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice 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 expert 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 65-year-old female who reported an injury on 04/23/1999. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation dated 06/28/2013 noted the patient had continued benefit from psychotherapy to assist with pain and depression. It was noted the patient reported intense pain, headaches and sleep disturbances. It was noted the patient reported continued low energy and self esteem. The patient was evaluated on 07/16/2013 and it was noted the patient was stable on the current medications with good sleep patterns. The patient's diagnoses included major depressive disorder and pain disorder associated with psychological factors. The patient's treatment plan included cognitive behaviors therapy 2 times a month for 12 months for 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY TIMES 24 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

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

Decision rationale: The requested cognitive behavioral therapy x24 sessions is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has previously participated in psychotherapy. California Medical Treatment Utilization Guidelines indicate that continued psychotherapy should be based on documentation of functional improvement. It is noted within the documentation that the patient has had functional benefit from prior therapy. However, the number of cognitive behavioral therapy visits the patient previously participated in was not provided for review. As the patient does have functional deficits that would benefit from continued therapy, an additional limited number of psychotherapy visits may be appropriate for this patient. However, as there is no way to determine the number of visits the patient already participated in, ongoing treatment cannot be determined. As such, the requested cognitive behavioral therapy x24 sessions is not medically necessary or appropriate.