

Case Number:	CM13-0030645		
Date Assigned:	11/27/2013	Date of Injury:	06/04/2007
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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:

This case involves a 52 year old female who injured her back. She has been given the following diagnoses: Axis I: Major Depressive disorder, single episode, moderate, chronic, Anxiety Disorder NOS, Pain disorder associated with both psychological factors and a general medical condition. Her date of injury is 6-4-07. Within the records provided to this reviewer, there is no evidence presented that she has been treated with cognitive behavioral therapy. The issue at hand is a medical review to determine medical necessity for: "10 cognitive behavioral therapy sessions for pain coping:"

IMR ISSUES, DECISIONS AND RATIONALES

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

10 cognitive behavioral therapy sessions for pain coping: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

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

Decision rationale: In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. There is no evidence of an initial trial of psychotherapy. This patient may well benefit

from psychotherapy and 10 sessions are within guidelines. However, in order to meet criteria for medical necessity for 10 sessions, a trial of 3-4 sessions over a two week period with proof of documented improvement in functioning is necessary. Such records were not included in those provided to this reviewer. As a result, ten psychotherapy sessions are not medically necessary per guidelines cited above.

Twelve (12) hours per week of home health care with unknown duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: This patient seems from the records provided to be able to benefit from home health services. However, the way the request was worded; there was no endpoint to treatment. The request appears to be for home health care 12 hours per week forever, into perpetuity. Such a duration exceeds guidelines, and is not medically necessary.