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| Case Number: | CM13-0031280 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 01/10/2011 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 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:

This patient is a 47-year-old female, who reported a slip and fall injury on 1/10/2011 while showering a patient. The reported injury included the lower and upper back, and a fracture of the coccyx. She reports that the pain radiates from her back to her legs and feet, and there is substantial numbness in her extremities. She also reports considerable neck pain. She also has Lupus (non-industrial causation), which makes the pain more difficult to manage. She has a psychiatric diagnosis of major depression, single episode, moderate to severe without psychosis; pain disorder associated with both psychological factors, a general medical condition, and significant anxiety. There has been some improvement in her depression and anxiety with use of coping skills and relaxation therapy. However, she remains depressed, has continued anxiety, and marked insomnia. A request for an additional 24 sessions of cognitive behavioral therapy (CBT) one time a week was made and not certified as it exceeds the amount suggested in the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy one (1) time a week for twenty-four (24) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive

Behavioral Therapy (CBT) guidelines for chronic pain. The Claims Administrator also cited the ODG Mental Illness & Stress (updated 05/13/13), and the ODG Psychotherapy Guidelines.

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

Decision rationale: After a careful and comprehensive review of the medical records provided, I was unable to determine the number of cognitive behavioral therapy (CBT) sessions the employee has already had, because they are not documented, and there is no reference to the exact number to date. This point is mute, as the request for 24 sessions is outside of the Chronic Pain Guidelines, which state that a maximum of twenty (20) sessions are allowed, only if specific guidelines are met that demonstrate functional improvement. The guidelines indicate that for CBT treatment for depression, an initial block of six (6) sessions over six (6) weeks is recommended, with documented evidence of objective functional improvement. As the request exceeds this guideline, there is no documentation of objective functional improvement, and there is no indication of exactly how many sessions she has had already, this non-certification for additional sessions is upheld.