

Case Number:	CM13-0032181		
Date Assigned:	12/11/2013	Date of Injury:	08/11/2011
Decision Date:	02/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 08/11/2011. The patient was reportedly injured when she was backing her car out of a parking lot and a large maple tree fell on her car while she was in it. The patient has been treated with medications, injections, physical therapy, and 28 sessions of individual psychotherapy. The claimant has been diagnosed with posttraumatic stress disorder and has been receiving IPT since at least 09/2012. The documentation notes that a Psychiatric-Agreed Medical Examination conducted in 10/2012 indicated the patient is having a diagnosis of depressive disorder NOS and anxiety disorder not otherwise specified. The patient was no longer meeting criteria for a diagnosis of PTSD (Posttraumatic stress disorder), and there was no further information regarding the claimant's diagnoses. The patient's most recent treatment note was dated 12/11/2013, which noted the patient stated that her shoulder is making progress more than in the past, and the patient is taking less pain medications. On a progress report dated 11/21/2013, the patient was seen due to neck and shoulder complaints, and was inquiring about getting more physical therapy. The physician is now requesting 12 outpatient cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) outpatient cognitive behavioral therapy (CBT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Psychological treatment Page(s): 101-102.

Decision rationale: The California MTUS states that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy (CBT) and self-regulatory treatments have been found to be particularly effective. The CA MTUS states that patients should consider a separate psychotherapy CBT referral after 4 weeks if lack of progress from physical therapy alone, to include 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 for individual sessions can be approved. As noted in the documentation, after a year of psychotherapy, the patient's GAF(Global Assessment of Functioning) has improved from a 45 to a 50, which also does not provide evidence of significant functional improvements. The request for 12 additional sessions of outpatient cognitive behavioral therapy would be considered excessive and, due to a lack of medical necessity, the requested service cannot be certified at this time. As such, the requested service is noncertified.