

Case Number:	CM13-0032817		
Date Assigned:	12/06/2013	Date of Injury:	10/13/1995
Decision Date:	02/19/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Licensed in Psychology, 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:

The claimant is a 55 year-old male (██████████) with a date of injury of 10/13/95. The mechanism of injury is not disclosed within the medical records; however, it occurred while the claimant was working at a ██████████. The medical records do indicate that the claimant sustained injuries to his neck and shoulders and has sustained over 7 surgeries. He has been medically diagnosed with status post cervical laminectomy X7-anterior fusion, cervical facet pain, and chronic pain syndrome. Additionally, he has been diagnosed by ██████████ with (1) major depressive disorder, recurrent, severe; and (2) pain disorder associated with chronic pain and psychological factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy x 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Cognitive Behavioral Therapy (CBT), guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Illness and Stress, Cognitive Therapy for Depression.

Decision rationale: Based on the medical records reviewed, the employee has received several psychological services since the injury on 10/13/95. The employee successfully completed a functional restoration program as part of the services received. Despite this, it appears that the employee has experienced an exacerbation in symptoms based on continued pain and the inability to receive authorized medical services. According to the provider's reports, the provider is fearful of any further exacerbation and possible suicidal ideation from the employee. The provider presents compelling evidence to support further treatment. The Official Disability Guidelines suggest that for the treatment of depression, an "initial trial of 6 visits of 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Although it is not clear from the medical records how many sessions have been recently completed by the employee, there is evidence to support additional sessions. As a result, the request for "Individual cognitive behavioral therapy X8 sessions" is medically necessary.