

Case Number:	CM13-0032932		
Date Assigned:	12/06/2013	Date of Injury:	11/14/2011
Decision Date:	02/27/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pain Management and Health 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 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 reported being injured on 11/14/11 as a part of her work functions for the [REDACTED]. She has been diagnosed with sprain in the lumbar region subsequent to a fall during her usual and customary work. She reports pain in the wrists, back, legs and feet. Conservative non-surgical medical treatments provided to date have not successfully resolved her pain condition. Psychiatrically, she has been diagnosed with Major Depression and pain disorder associated with both psychological factors. She reports symptoms of crying spells, low energy, apathy and social withdrawal, irritability and insomnia with anxiety. There is also a report of suicidal ideation without intention or plan. She was off work for approximately 8 months and made 2 attempts to return to work in a re-assigned position and retired on January 1, 2013 when told her employer could no longer accommodate her injury based needs. She has been prescribed Cymbalta and Zolpidem. She received individual psychotherapy from 3/20/12 to 6/2012 at a frequency of twice monthly. Her treatment provider has requested individual psychotherapy with a cognitive behavioral approach at a frequency of 1x a week for 4-6 months for a total of 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy with Cognitive/Behavioral Approach 1 weekly 4-6 months:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits,

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

Decision rationale: While this patient may be a good candidate for a trial of Cognitive Behavioral Therapy (CBT), if she has not had one already, the request for treatment is not medically necessary and appropriate for the following reasons: 1. Lack of documentation regarding her prior psychotherapy in March 20, 2012 including most importantly a report of objective functional improvement that resulted from the therapy, the kind of therapy received (i.e. was it CBT or other), progress notes from this prior therapy . 2. The request does not follow standard guidelines in the Guidelines that require an initial trial of 3-4 sessions of CBT over a 2 week period followed by objective assessment of the gains from these sessions and then an additional block of sessions for a total of 6-10 if warranted based on the demonstrated functional improvement from the first sessions. The request was for weekly therapy for a 4-6 month period is vastly different than the process outlined in the guidelines.