

Case Number:	CM13-0034687		
Date Assigned:	12/11/2013	Date of Injury:	11/13/2000
Decision Date:	03/17/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Rehabilitation 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 patient is a 72 year of female who reported an injury on 11/13/2000. The mechanism of injury was not submitted. The patient has been diagnosed with major depression with single episode non-psychotic moderate to severe, psychological factors affecting medical condition and pain disorder due to both psychological factors and general medical condition. No clinical documentation other than psychological progress reports were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy 24 sessions over 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Chapter Lumbar, ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. 23.

Decision rationale: Chronic Pain Medical Treatment Guidelines states cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Chronic Pain Medical Treatment Guidelines also states initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from

physical medicine alone to include an initial trial of 3-4 psychotherapy visits over 2 weeks for a total of up to 6-10 visits over 5-6 weeks with evidence of objective functional improvement. There was no clinical documentation submitted for review indicating an improvement in symptoms as recommended by the guidelines. Also, the clinical documentation indicates the patient has had several sessions of cognitive behavioral therapy; the request exceeds the guideline recommendations. Given the lack of documentation to meet the guideline criteria, the request is non-certified.