

Case Number:	CM13-0035252		
Date Assigned:	12/13/2013	Date of Injury:	11/15/1995
Decision Date:	01/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 53-year-old female who reported an injury on 11/15/1995. The patient is currently diagnosed with major depression, posttraumatic stress disorder, and psychological factors affecting medical condition. The patient was seen by [REDACTED] on 07/30/2013. The patient reported moderate depression. Mental health examination revealed mild to moderate dysphoria. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize Official Disability Guidelines cognitive behavioral therapy guidelines for chronic pain, which indicate 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 may be appropriate. As per the clinical notes submitted, the patient has completed an unknown number of prior psychotherapy sessions. Documentation of the previous course of treatment with efficacy was not provided for review. Additionally, documentation does not identify factors that would support an extended treatment plan in this case and does not clearly identify a treatment plan with a specific endpoint for the specific 17-year-old injury. Based on the clinical information received, the request is non-certified.