

Case Number:	CM13-0035634		
Date Assigned:	12/13/2013	Date of Injury:	11/06/2011
Decision Date:	03/26/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records provided for this review, this 54 year old male reported having an occupational injury on 11/6/11 while working at [REDACTED] in the course of his normal work duties. He reported stooping down and having a left sided groin pain that eventually required hernia repair. As a function of chronic pain, limited ability to work and engage in activities of everyday living, he has reported depression and was diagnosed with Major Depressive Disorder, recurrent; and Pain Disorder associated with Psychological Factors. He has been treated with several antidepressants such as Remeron and Xanax for anxiety as well as other medications for depression, anxiety and sleep with some benefit. He reports being overwhelmed, anxious and fearful of termination (which did occur). A full psychological evaluation if conducted was not found in the files provided. A request for 6 additional sessions of cognitive psychotherapy was denied and this independent medical review will address a request to over-turn the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF COGNITIVE PSYCHOTHERAPY: Upheld

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

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

Decision rationale: He has been treated with some psychotherapy sessions, although the exact amount is unclear. The utilization review that resulted in the denial of additional sessions notes that he has had 10 and in another place it appears he possibly had 11. The UR denial states that the "most recent session does not reveal significant functional improvement as a result of the most recent therapy sessions and that after 10 prior sessions (which meets MTUS guidelines), that claimant should be independent in coping skills." A careful review of the provided records shows on 7/13/13 "10% improvement in sleep, motivation to do chores, social interaction, concentration and stress tolerance. Improve hygiene and mood were also noted at 15% but use of pain medications was unchanged. This does sufficiently meet the criteria for documented functional improvements as a result of prior psychotherapy sessions. Also, the statement that "after 10 prior sessions he should be independent in coping skills is probably not accurate." However, the MTUS guidelines do state that a total of 6 to 10 sessions is the recommended upper limit for Cognitive Behavioral Therapy which is a short-term therapeutic intervention. So while the patient may, or may not, benefit from additional therapy this is the guideline by which this decision has to be made and the finding for non-certification is upheld.