

Case Number:	CM13-0037476		
Date Assigned:	12/13/2013	Date of Injury:	07/01/2010
Decision Date:	03/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Psychology and is licensed to practice in Texas. 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:

The patient reported an injury on 07/01/2010 due to a slip and fall. The patient reportedly injured her left knee, low back, right foot, neck, and suffered from emotional trauma. Prior treatments included medications, physical therapy, injection therapy, and cognitive behavioral therapy. The patient's most recent cognitive behavioral therapy note reported that the patient had slight improvements with activities of daily living and continued to struggle with chronic pain, mood swings, orthopedic complications, and limitation concerns. The patient's diagnoses included pain disorder with associated psychological factors and major depressive disorder. The patient's treatment plan included continuation of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional cognitive behavioral therapy sessions: Upheld

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

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

Decision rationale: The requested additional cognitive behavioral therapy sessions, quantity 6 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continuation of cognitive behavioral therapy be supported by documentation of objective functional improvement. The clinical documentation submitted for review does not

provide any objective findings of functional improvement as a result of the prior therapy. The information provided is all subjective in nature. Additionally, there is no evidence of objective improvement and no documentation of specific measurable treatment goals and the patient's response to these goals in past sessions. Therefore, continuation of therapy would not be supported. As such, the requested additional cognitive behavioral therapy sessions, quantity 6 is not medically necessary or appropriate.