

Case Number:	CM13-0038118		
Date Assigned:	12/18/2013	Date of Injury:	04/20/2010
Decision Date:	04/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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/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. 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:

According to the medical records provided for this review, this patient is a 57 years and 11 months old female with a reported date of injury of April 20th 2010, when she experienced a trip and fall industrial injury resulting in a loss of consciousness and brief coma. Subsequent complaints of Head pain, vision, neck pain, low back pain, right ankle/foot pain and fractures in several places and multiple contusions. The patient objectively reports pain in her right knee, right ankle, and her low back and shoulders as well as multiple other difficult areas and resulting poor sleep. She is having difficulty with walking. She is status-post surgery on the right knee but then re-injured it in a subsequent fall. She has conventional physical medicine, physical therapy, surgery, conventional medical treatments, as well as steroid injections and facet blocks. A request for a cognitive therapy evaluation was made and determined to be not medically necessary; this request for an independent medical review of that denial will address that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE THERAPY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions Cognitive Behavioral Therapy, Psychology Evaluatoin Page(s):.

Decision rationale: I conducted a comprehensive review of over 250 pages of medical records for this IMR. There was not a single mention in the records provided of this patient having any industrial related (or otherwise) mental health issues or difficulty coping with her condition. There was a single mention of her psychiatric status on a mental status report that "her mood and affect were "appropriate"" without any further clarification. It seems likely that either her treating medical doctors did not ask about or did not document these issues, if any exist; or they are mentioned in records not provided. It does appear that her medical records from the date of injury to 2012 were not included for this review. There was also a request for cognitive therapy for a total of 30 sessions, but the original request was missing as well. The guidelines for the use of cognitive behavioral therapy state that patients who are showing fear avoidance beliefs (for example) and determined to be at risk for delayed recovery should be considered for CBT and for those patients initial therapy consisting of three to four sessions over a two-week should be tried and with evidence of objective functional improvement additional sessions maybe appropriate. In this case there was no evidence documented of this kind. There was one note that said that the patient has already had an unknown number of sessions of cognitive therapy; however no details or further mention of this was made so this too is unclear. Presumably, an evaluation would have most likely preceded the start of this prior course of CBT as that would be the usual procedure and again there was not one mention of a psychiatric diagnosis or any current symptoms. This is not to say whether this patient would or would not be good candidate for CBT, only that there is no information provided upon which to make that decision. While according to the MTUS a psychological evaluation can be a useful assessment tool, there needs to be a stated reason for the request, which there is not. In addition, the request for 30 sessions (if this was the correct request as it appears also as unspecified) would exceed number of sessions appears to be for outside the recommended guidelines for an initial trial Therefore the non-certification decision is upheld.