

Case Number:	CM13-0039225		
Date Assigned:	12/18/2013	Date of Injury:	02/14/2012
Decision Date:	04/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 independent medical review, this patient is a 39 year and 11 months old female who reported an occupational injury on February 14th 2012. Diagnoses of wrist sprain or strain, and overuse syndrome have been made. She complains of anxiety and depressed mood with fatigue, irritability and low self-esteem. Ongoing problems of chronic pain in her back, hands and right ankle were also mentioned. She has a diagnosis of Major Depressive Disorder single episode, severe without psychotic features and Adjustment Disorder with anxiety, insomnia related to depression and pain; and Pain Disorder with both psychological features and a general medical condition. Axis II traits were also listed. She reports having anxiety and tearfulness, with panic. She has been treated with Trazodone, Wellbutrin and other psychological and pain medications, and steroid injections. Conventional treatment, group psychotherapy, and medications appear to be minimally effective so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY FOR TEN (10) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: I carefully reviewed all the reports that were submitted for this review. I found 7 group psychotherapy notes that were included. There was also a note that stated the employee was being actively treated with psychological group therapy April of 2013 to January 10 2014. However this might not be accurate, either way the total number of treatment sessions she has had to date is unclear and was not reported. The progress notes that were included consistently states the employee was participating well and should continue to do so, however none provided the necessary documentation of significant objective functional improvement that has been achieved. According to the Official Disability Guidelines this is needed to be described in sufficient detail to authorize continued therapy. In addition, the request for 10 more sessions would exceed the guidelines maximum for CBT therapy which is 10. Finally, group psychotherapy is not discussed in the MTUS guidelines but is in the Official Disability Guidelines which recommends it for patients with depression and Post Traumatic Stress Disorder, which would not apply in this case. The decision for non-certification is upheld.