

Case Number:	CM13-0044024		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2006
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Psychologist, 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. 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 48-year-old male who reported an injury on 04/06/2006. The injury was noted to have occurred when he slipped while carrying some pipe and was twisted. His diagnoses include pain disorder associated with both psychological factors and a general medical condition, and depressive disorder. It was indicated that the patient had previously completed 6 individual sessions of cognitive behavioral therapy and reported an improved mood and affect. It was noted that the patient reported that industrial and nonindustrial stresses, including financial, marital, and family concerns continue to impact his mood adversely; however, he had been able to better manage these stresses with cognitive strategies. A recommendation was made for an additional 12 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

cognitive behavioral therapy times 12, twice monthly: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

Decision rationale: According to the California MTUS Guidelines, psychological treatment may be recommended for appropriately identifying patients during the treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. It further states and psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The patient was noted to have previously reported improvement with his coping abilities from previous cognitive behavioral therapy sessions. As this treatment is recommended for chronic pain programs according to the evidence based guidelines, and the patient has been shown to have success with this type of treatment, the request is supported by guidelines. As such, the request is certified.