

Case Number:	CM13-0049581		
Date Assigned:	03/26/2014	Date of Injury:	03/30/2012
Decision Date:	05/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/08/2013

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 licensed 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 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:

The injured worker is a 44-year-old male who reported an injury on 07/30/2012. The injured worker was seen on 10/30/2013 to discuss his multiple injury areas, whereupon in the past it had been identified that the injured worker had been suffering from poor coping with chronic pain, and disability secondary to his injury. On the date of the exam, the injured worker was noted to have undergone a patient health questionnaire (PHQ-9) rating, and a fear-avoidance beliefs questionnaire (FABQ) form to complete on 10/26/2013. He had a score of 17 for the PHQ-9, which correlates with moderately severe depression, and also a score of 17 for the FABQ-A, and a score of 39 for the FABQ-W. The treatment recommendations included psychotherapy, which was discussed with the injured worker, who would like to pursue the treatments. The injured worker has denied suicidal ideation and denies previous psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 2XWK X 5WKS: 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 Chronic Pain Guidelines indicate that patients are supported for an initial trial of three to four (3 to 4) psychotherapy visits over two (2) weeks, whereupon, with evidence of objective functional improvement, a patient may have additional sessions of up to six to ten (6 to 10) visits over five to six (5 to 6) weeks for individual sessions. The physician has requested an excessive number of cognitive behavioral therapy sessions. Therefore, at this time, the requested service cannot be supported, as it exceeds the maximum allowance per the guidelines.