

Case Number:	CM13-0051201		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2004
Decision Date:	05/12/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 patient is a 54-year-old who reported an injury on November 8, 2004. The mechanism of injury was noted to be assault. The patient's diagnoses include posttraumatic stress disorder due to assault and a mixed personality disorder. The clinical information submitted indicates that the patient has had extensive psychotherapy treatments and has been prescribed antidepressants and mood stabilizing medications. The patient's symptoms were noted to include severe mental health symptoms including depressed mood, somatic complaints, sleep problems, anxiety, crying spells, irritability, anger, isolation, and chronic pain. Therefore, continued mental health treatment was recommended to manage her symptoms. A recommendation was made for cognitive behavioral therapy to decrease her depressive symptoms and deemphasize her focus on her pain and negative thoughts.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL CBT SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients with risk factors for delayed recovery including fear avoidance behaviors may benefit following the failure of physical medicine with cognitive behavioral therapy. The guidelines further state that with evidence of objective functional improvement following an initial three to four psychotherapy visits, cognitive behavioral therapy may be recommended for a total of up to six to ten visits over five to six weeks. The patient had an initial cognitive behavioral therapy visit on July 12, 2013 and the documentation showed that the patient had fear of her health deteriorating and was suspicious about the intentions of others. Objective findings included a depressed mood, tearful when discussing her loss and frustrations, and mild psychomotor agitation. A progress report dated September 19, 2013 indicated that the patient had completed three visits and had made functional improvements in that she could leave her house and was willing to discuss her trauma related triggers and was expressing the desire to learn better coping skills to help her cope with pain. Her 4th session was to be on October 17, 2013, but it was indicated that the patient had called the morning of the appointment and cancelled. It was noted that future treatment would focus on continuing reduction of her emotional symptoms through cognitive techniques, maintenance of treatment gains, and future planning. It was stated that the patient required continued treatment. In summary, the clinical information submitted for review indicated that the patient had previously completed 4 cognitive behavioral therapy visits and had sustained significant benefit from the treatment in her ability to cope with her pain, decrease her medication, increase her social life, and discuss her trauma related triggers. Based on this information and as the guidelines allow up to six to ten visits of cognitive behavioral therapy for appropriate patients, the request for 6 additional cognitive behavioral therapy sessions is supported.