

Case Number:	CM13-0053167		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2011
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 54-year-old female who reported injury on 08/25/2011. The mechanism of injury was noted to be the patient was walking from her car to the office building where she works, and as she was going down the steps, she slipped because her right foot slid off a step down to the next step. The patient was noted to fall and have immediate pain and swelling at the right foot and ankle. The patient was noted to have undergone cognitive behavioral psychotherapy, as per the documentation of 10/17/2013. The patient's diagnosis was noted to be depressive disorder with anxiety. The patient reported improvement in social functioning, as in the patient has been able to better get along with, and communicate effectively with others. The patient was more patient with her employees because she felt less anxious at work, per documentation. The patient was less emotionally withdrawn and insecure with increased self-esteem. The patient was less anxious about dealing with others, including superiors. The patient had remained symptomatic with residuals requiring further treatment to address the continuing symptoms of anxiety and stress related medical symptoms and symptoms stress-intensified headache, neck/shoulder/back tension/pain and palpitations. The patient developed persistent depression with symptoms of pessimism, emptiness, inadequacy, alienation, and persistent anxious symptoms of uneasiness, fear, and oversensitivity. It was opined that, without further treatment, the patient's symptoms would intensify. The request was made for cognitive behavioral psychotherapy sessions with an initial trial of 6 visits over 6 weeks, and with evidence of objective functional improvement, a total of up to 13 CBT (cognitive behavioral therapy) visits to 20 CBT visits over 13 weeks to 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy (CBT) sessions, initial trial of 6 visits over 6 weeks, with evidence of objective functional impairment, a total of up to 13 to 20 CBT visits over 13 to 20 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress regarding Cognitive therapy for depression.

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

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6 visits to 10 visits. There was a lack of documentation indicating the quantity of therapy sessions the patient had previously participated in. There was a lack of documentation indicating a necessity for up to 20 sessions. The request as submitted was noted to be for an initial trial of 6 visits over 6 weeks, and with evidence of objective functional "impairment", a total of up to 13 cognitive behavioral therapy (CBT) visits to 20 CBT visits, which would not allow for reassessment after the first 6 visits. The request would be excessive and would not allow for reassessment. There would need to be clarification as to whether the treatment would be a continuation, as the patient was noted to have participated in cognitive behavioral therapy previously or whether it would be new treatment as submission was for an initial trial of 6 visits. As such, the request for Cognitive behavior psychotherapy (CBT) sessions, initial trial of 6 visits over 6 weeks, with evidence of objective functional impairment, a total of up to 13 to 20 CBT visits over 13 to 20 weeks is not medically necessary.