

Case Number:	CM13-0054150		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2013
Decision Date:	07/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/06/2013

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 34 year old female who reported an injury on 08/18/2013. The mechanism of injury as stated by the injured worker was being stressed and over-worked. The injured worker complained of being sad, helpless/hopeless, and irritable and having less energy. The injured worker also complained of social isolation, crying episodes, appetite changes and a lack of sexual desire. In addition the injured worker complained of being pessimistic, angry, having death thoughts and feeling nervous. The injured worker expressed difficulty concentrating, feeling restless/agitated and being tense. The injured worker also felt dizziness, fearful, excessive worry, and fears dying. The provider documented complaints of unsteady/wobbliness in legs, numbness/tingling sensations, sleep difficulties, gastrointestinal disturbances, headaches, stomach aches and pains and hypertension. The physical examination within the clinical note dated 10/23/2013 indicated the injured worker was anxious, displayed a sad mood, nervousness and bodily tension. The injured worker's diagnoses included major depressive disorder, generalized anxiety disorder, insomnia and stress-related physiological response. Medications on clinical note dated 10/21/2013 listed Bupropion HCL 150mg 1 tab twice daily and Alprazolam 0.5 mg 1 tablet three times daily. The provider requested cognitive behavioral therapy/psychotherapy once a week for twelve weeks to decrease the frequency and intensity of the injured worker's depressive and anxious symptoms, decrease the levels of feelings of anger and irritable, increase the levels of motivation and hopefulness, improve duration and quality of sleep and decrease the frequency and intensity of the injured worker's death thoughts. The request for authorization form was dated 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy/psychotherapy once a week for twelve weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23, 101-102.

Decision rationale: The request for cognitive behavioral therapy/psychotherapy once a week for twelve weeks is not medically necessary. The injured worker has a history of major depressive disorder, generalized anxiety disorder, insomnia and stress-related physiological response. The California MTUS recommend psychological treatment for appropriately identified patients during treatment for chronic pain. However, initial therapy should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. The guidelines recommend to consider separate psychotherapy cognitive behavioral therapy (CBT) referral after 4 weeks if lack of progress from physical medicine alone. The guidelines further state the initial trial period is 3-4 psychotherapy visits over 2 weeks, then with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. Within the documentation submitted for review, the clinical dated 12/09/2013 noted the injured worker complained of right knee and right ankle pain. For treatment the injured worker participated in physical therapy with home exercise program and continue to take prescribed medications. The requesting physician did not provide a documented psychological assessment demonstrating the injured worker's baseline in order to provide an assessment by which to determine whether the patient experiences improvements over the course of therapy. Within the provided documentation it is not indicated whether the requested therapy was initial therapy or if the patient has completed any prior therapy. As such, the request is not medically necessary.