

Case Number:	CM13-0057232		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2008
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation 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 62-year-old male who reported an injury on 09/17/2008. The mechanism of injury was not specifically stated. The patient is diagnosed with major depressive disorder, post traumatic stress disorder, and rule out cognitive disorder. The patient was seen by [REDACTED] on 09/25/2013. The patient reported elevated pain, social withdrawal, and fear of limitations. Objective findings included a tense and agitated affect. Treatment recommendations included cognitive behavioral therapy for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Group Therapy (once a week for 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the documentation submitted, the patient does maintain diagnoses of major depressive disorder and post traumatic stress disorder. However,

the current request for 12 sessions of cognitive behavioral therapy greatly exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.