

Case Number:	CM13-0058138		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2011
Decision Date:	04/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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 patient is a 57-year-old female who reported an injury on 06/27/2011. The specific mechanism of injury was not provided. However, it was indicated that by 06/2011, the supervisor's hostile behavior towards the patient caused the patient to develop numerous anxiety related symptoms including gastrointestinal distress, nausea and vomiting, diarrhea, insomnia, and episodes of panic with chest palpitations. The patient was noted to undergo 44 sessions of cognitive behavioral therapy. The patient's diagnosis was noted to be adjustment disorder with mixed anxiety and depressed mood. The objective findings on 08/02/2013 revealed the patient had impaired concentration, anxiety, memory impairment, frequent episodes of uncontrollable crying, persistent sadness, frequent nervous shaking, frequent heart palpitations, frequent headaches, frequent nightmares, and could not sleep at night. Objectively, the patient was noted to have a depressed and anxious mood, somewhat labile affect, tenseness, dysphoric, dysthymic, and was obsessively worried. The request was made for cognitive behavioral psychotherapy times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF COGNITIVE BEHAVIORAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate treatment for chronic pain and with evidence of objective functional improvement the patient may participate in a total of up to 6 to 10 visits over 5 to 6 weeks. The clinical documentation indicated the patient had participated in 44 sessions previously. There was a lack of documentation of objective functional improvement with the previous 44 sessions. There was a lack of documentation indicating a necessity for 12 additional sessions. Given the above, the request for cognitive behavioral psychotherapy times 12 is not medically necessary.