

Case Number:	CM13-0058291		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2011
Decision Date:	08/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 injured worker is a 69-year-old female who reported an injury on 09/07/2011. The mechanism of injury involved a fall. Current diagnoses include episode of mental/clinical disorder, adjustment disorder with mixed emotional features, and physical disorders and conditions. The injured worker was evaluated on 10/16/2013. The injured worker reported psychiatric symptoms such as depression, social avoidance, lack of motivation, and lack of interest. The injured worker scored an 8 on the Beck Depression Inventory, indicating minimal depression, and a 7 on the Beck Anxiety Inventory, indicating minimal anxiety. Treatment recommendations at that time included authorization for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY - EIGHT (8) SESSIONS EVERY 1-2 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS 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. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the patient does demonstrate minimal depression and anxiety; however, the current request for 8 sessions of cognitive behavioral therapy exceeds Guideline recommendations. Therefore, the request is not medically appropriate.