

Case Number:	CM13-0060872		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2009
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. 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:

According to the medical records provided for this IMR this patient is a 54 year old male who has been diagnosed with cervical degenerative disc disease, cervical stenosis, cervicobrachial syndrome and left ulnar neuropathy. He reports neck pain, headache, left arm pain, low back pain, bilateral foot and hand pain. He worked for approximately 25 years as a "garbage man." Psychologically he has been diagnosed with Pain Disorder associated with both psychological factors and medical condition, chronic and Depressive Disorder, NOS. He has difficult with many activities of daily living experience daily constant pain. He was authorized and received 10 sessions of cognitive behavioral therapy. A request for 10 additional psychotherapy sessions with [REDACTED] was non-certified and this document will address a request for an appeal of the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional psychotherapy sessions with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive behavioral therapy Page(s): 23.

Decision rationale: The patient has received 10 sessions of CBT already. The guidelines state that an initial block of 3-4 sessions can be followed by an additional block of 6-10 sessions in total if there is objective functional improvement. This improvement, if it is present, needs to be documented. A review of 9 of the 10 session notes did not meet this requirement. In addition, if this request was to be granted, the session number would exceed the total of 10 by 10 extra sessions, without documented evidence of an extraordinary situation. Thus the non-certification of the request for further sessions is upheld.