

Case Number:	CM13-0062244		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2005
Decision Date:	03/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 51 year old female who reported a work-related injury on 4/6/05 when a file cabinet fell on her right shoulder, and knocked her out of her chair and onto the floor. There was an additional injury in 2007 that resulted in significant back pain and discomfort. She has been diagnosed with depressive disorder not otherwise specified with anxiety features, and psychological factors affecting general medical condition. She reports significant depression, possibly related high blood pressure, loss of pleasure, poor sleep, diminished concentration, severe anxiety, and other related symptoms. She reports persistent low back pain with intermittent muscle spasms. The pain radiates into her left lower extremity if she pushes herself in activity. She has been treated with acupuncture, narcotic and general pain medications, psychiatric medications, epidural steroid injections, physical therapy, and conventional medical treatments, as well as having receiving regular psychotherapy since 2007. She has anticipatory anxiety whenever thinking about returning to her work as a social worker for the county, and has a vivid memory of being overwhelmed by a terrifying murder case that she assigned. Attempts to return to work have been made at various times/settings since her injuries occurred.

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 therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend courses of therapy of 20 sessions or fewer; anything over 10 sessions must be substantiated with documented objective functional improvement. The records provided for review do not contain documented objective functional improvement. The number of therapy sessions to date was not provided; however, as the patient has received psychotherapy since 2007, it is reasonable to assume the guideline limit of 20 sessions has already been met and exceeded. As such, the request for additional cognitive behavioral therapy is noncertified.