

Case Number:	CM13-0063664		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2012
Decision Date:	03/25/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 files provided for this IMR this patient is a 47 year old man who was (and still is) employed with the [REDACTED] when he sustained and reported an injury during the course of his duties. There are two dates of injury (7/13/04 and 10/25/12) but the injuries really have occurred over the 20+ years of his career. He reports multiple pain issues including: constant low back pain, neck pain, bilateral lower extremities, both arms, headache, difficulty with sleep, inability to do most heavy lifting and limited ADL. Emotionally he reports depression, irritability, loss of ability to engage in most pleasurable activities that he formally participated in. He has tried and currently takes multiple pain and psychiatric medications. He has been diagnosed with Depressive Disorder NOS, Moderate severity with Anxiety. A request for authorization of 1 consultation with a Psychologist (which was certified and not discussed here) and 6 sessions not certified was modified to 4 sessions and this is the focus of this IRM.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychotherapy sessions with a psychologist: 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 guidelines state that an initial trial of 3-4 sessions of cognitive behavioral therapy is recommended after a lack of progress from 4 weeks of physical medicine alone in certain cases and that subsequently to this initial trial additional sessions could be authorized if medically necessary contingent on documented objective functional improvements up to a total of 6-10 visits over 5-6 weeks. The request for 6 initial visits exceeds this guideline by two sessions. The finding that the request for 6 visits be non-certified is upheld in the context of the suggested modification of an initial block of 4 sessions.