

Case Number:	CM13-0069358		
Date Assigned:	07/02/2014	Date of Injury:	09/03/2011
Decision Date:	08/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 09/03/2011. The mechanism of injury was not provided. On 10/05/2013, the injured worker presented with complaints of anger, anxiety, sexual dysfunction, sleep disturbance, diminished energy, depression, social withdrawal, hyperinsomnia, concentration and nightmares. On examination, the injured worker was angry, had impaired concentration and memory impairment and obvious physical discomfort. The injured worker's Becks Depression Inventory score was 58 and Becks Anxiety Inventory score was 49. Diagnoses for post traumatic stress disorder, chronic, pain disorder associated with both physiological factors and a general medical condition and insomnia due to post traumatic stress disorder and pain disorder. Prior therapy included psychotherapy medications. The provider recommended cognitive behavioral psychotherapy and medication management sessions. The provider's rationale was not provided. The Request For Authorization was dated 10/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy, 1 time every six weeks: 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 ODG Cognitive Behavior Therapy Guidelines for chronic pain Page(s): 23.

Decision rationale: The request for cognitive behavioral therapy 1 time every 6 weeks is non-certified. The California MTUS Guidelines recommend a psychotherapy referral after 4 week lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The documents provided noted that the injured worker's Becks Depression Inventory was a 58 and Becks Anxiety Inventory was a 49. The amount of cognitive behavioral therapy visits that have already been completed have not been provided. The efficacy of the prior therapy was also not provided in the medical documents for review. As such, the request is non-certified.

(8) Medication management sessions, 1 year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The request for 8 medical management sessions for 1 year is not medically necessary. Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and a reasonable physician judgement. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system as soon as clinically feasible. Request for 8 medication management sessions in the period of 1 year is excessive, and the provider's rationale was not provided. As such, the request is not medically necessary.