

Case Number:	CM13-0069921		
Date Assigned:	01/03/2014	Date of Injury:	04/23/1993
Decision Date:	05/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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 50 year old female who reported an injury on 04/23/1993. The mechanism of injury was not provided. Her diagnoses included Major Depression (moderate-severe, non-psychotic), Pain Disorder with Psychological Factors and a General Medical Condition and Cognitive Disorder. The injured worker was noted to be taking psychotropic medications. The clinical note on 09/18/2013 stated the injured worker complained of chronic pain, suicidal ideation and inability to function at work. The handwritten progress notes on this document were illegible. The injured worker completed the Beck Depression Inventory on 09/18/2013 with a score of 51 and the Beck Anxiety Inventory on 09/18/2013 with a score of 54. The request for authorization for cognitive behavioral psychotherapy once weekly for twenty for weeks and group psychotherapy twice monthly, twelve group sessions, twenty-four weeks was submitted on 09/18/2013. A clear rationale for request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY ONCE WEEKLY FOR TWENTY FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 101-102. Decision based on Non-MTUS Citation ODG FOR MENTAL ILLNESS AND STRESS REGARDING COGNITIVE THERAPY FOR DEPRESSION.

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

Decision rationale: The request for Cognitive Behavioral Pshychotherapy once weekly for twenty-four weeks is non-certified. The injured worker has a history of major depression and a pain disorder with psychological factors. The CA MTUS recommends the completion of the fear avoidance beliefs questionnaire, as well as a total of up to 6-10 visits over 5-6 weeks. The documentation provided for review shows a BDI score of 54 and a BAI score of 51 on 09/18/2013; however, there is no legible documentation showing updated scores or other evidence of objective functional improvement to warrant continued therapy. Additionally, documentation failed to include the number of psychotherapy visits completed to date. In the absence of further information regarding the patient's previous treatment, the request is not supported. Therefore the request is non-certified.

GROUP PSYCHOTHERAPY TWICE MONTHLY, TWELVE GROUP SESSIONS, TWENTY-FOUR 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 Page(s): 23.

Decision rationale: The request for Cognitive Behavioral Pshychotherapy once weekly for twenty-four weeks is non-certified. The injured worker has a history of major depression and a pain disorder with psychological factors. The CA MTUS recommends the completion of the fear avoidance beliefs questionnaire, as well as a total of up to 6-10 visits over 5-6 weeks. The documentation provided for review shows a BDI score of 54 and a BAI score of 51 on 09/18/2013; however, there is no legible documentation showing updated scores or other evidence of objective functional improvement to warrant continued therapy. Additionally, documentation failed to include the number of psychotherapy visits completed to date. In the absence of further information regarding the patient's previous treatment, the request is not supported. Therefore the request is non-certified.