

Case Number:	CM13-0070814		
Date Assigned:	01/08/2014	Date of Injury:	12/14/2009
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Psychiatry 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 an employee of [REDACTED] who has filed a claim for Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic associated with industrial injury date of 12/14/2009. Treatment to date has included psychotherapy sessions since October 2012. In 2013 he had 28 sessions of cognitive behavioral with a psychotherapist. He's also receiving psychotropic medications which includes, Cymbalta, fluoxetine (Prozac) 20 mg each morning and lorazepam (Ativan) 1 mg twice daily. In February 2013, patient underwent hand surgery and physical therapy sessions of the hand after surgery. Medical records from 2013-2014 were reviewed which revealed stomach pain, high blood pressure, skin disorder, and muscle pain. Hand pain was also noted when exercising. Patient still has anxiety, depression, sleep disturbance, nightmares, anger, irritability, social withdrawal and loss of self-confidence. He also engaged in avoidant behavior, particularly with sharp objects. His libido was diminished. He's apprehensive and had some difficulty focusing his attention, and coping with routine stress. Utilization review from 12/16/2013 denied the request for 20 sessions of cognitive behavioral psychotherapy between 12/13/13 and 1/27/14 because documentation of total duration of treatment with treatment efficacy was not provided and the current request for 20 session of cognitive behavioral psychotherapy is in excess of guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 SESSIONS OF COGNITIVE BEHAVIORAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

Decision rationale: As stated on page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is advised. In this case, the patient has been diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic. The rationale stated for cognitive behavioral therapy (CBT) is to assist him with a better outlook on his situation, post-injury, and make peace with his past experiences in the workplace. The patient already completed 28 sessions of CBT. However, the improvements in the cognitive behavioral therapy sessions were not stated in the medical records. The present request of number of sessions exceeds the recommended guidelines since the patient already had 28 sessions. Therefore the request of 20 sessions of cognitive behavioral therapy is not medically necessary.