

Case Number:	CM13-0070924		
Date Assigned:	01/08/2014	Date of Injury:	09/17/2009
Decision Date:	07/21/2014	UR Denial Date:	12/12/2013
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 Occupational Medicine 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 52-year-old female who has submitted a claim for major depressive disorder, recurrent episode severe; associated with an industrial injury date of 09/17/2009. Medical records from 01/10/2013 to 01/13/2014 were reviewed and showed that patient complained of worsening left upper limb pain following a recent lowering of her dose of pregabalin. She remained seriously depressed. Physical examination showed that patient was casually dressed and well groomed. She had a clear sensorium. Her mood was depressed. Affect was sad and teary. There was no evidence of perceptual disturbance, and no thoughts of hurting herself or others. Treatment to date has included medications, and cognitive behavioural therapy. Utilization review, dated 12/12/2013, denied the request for intensive outpatient cognitive behavioural therapy because there is lack of commitment to a therapeutic plan on the part of the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTENSIVE OUTPATIENT COGNITIVE BEHAVIORAL THERAPY X 24 DAYS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: According to page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, medical records submitted for review show that the patient had attended previous psychological therapy sessions; however the response to the treatment was not documented. The guideline recommends continued course of treatment after trial visits provide evidence of symptom improvement. Moreover, the number of visits from previous psychological therapy sessions was not specified; it is unclear whether the total number of visits would exceed the guideline recommendation when the additional sessions are included. Additional course of CBT is not warranted at this time due to lack of information. Therefore, the request for intensive outpatient cognitive behavioral therapy times twenty-four (24) days is not medically necessary.