

Case Number:	CM13-0071914		
Date Assigned:	01/08/2014	Date of Injury:	07/27/2012
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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:

Based on the files provided for this independent medical review (IMR), this patient is a 61 year old female who reported an industrial / occupational work related injury on July 27th 2012. At that time she was employed in her usual work activities as an in-home support service assistant when a fire broke out in the neighborhood. She was required to carry a fully handicap 34-year-old woman from the house in order to evacuate her. This resulted in the patient reporting injury to her hip and back, there is also significant levels of work related stress. The patient reports on going chronic low back pain radiating down her right leg and additional problems with headache and depression. She reports having periods of hopelessness and ongoing anxiety with fainting episodes intermittently; there is related fear of being alone and passing out without anybody being around to help her. A request for 12 sessions of cognitive behavioral therapy (CBT) with 6 sessions of biofeedback was made and the request was non-certified, with a modification for 6 sessions of CBT and 6 sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOTHERAPY. Decision based on Non-MTUS Citation ODG, PSYCHOTHERAPY GUIDELINES.

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

Decision rationale: According to the information provided for this IMR, the treatment provider requested 12 sessions of cognitive behavioral therapy and 6 sessions of biofeedback. A modification the insurance UR department for six sessions of CBT and 6 sessions of biofeedback was approved, with six sessions of CBT non-certified. This decision was correctly made. The MTUS guidelines are very clear that an initial trial of three to four sessions of cognitive behavioral therapy should be tried to determine whether or not the patient responds with objectively measured functional improvement; if there is such an improvement noted then additional sessions can be allocated. The Official Disability Guidelines similarly suggest an initial trial of 6 CBT sessions with the need to document any functional improvements if further sessions are needed. The request for an initial 12 sessions more than exceeds that additional trial as is determined by the disability guidelines. The request for twelve (12) Cognitive Behavioral Therapy Sessions is not medically necessary and appropriate.