

Case Number:	CM14-0001370		
Date Assigned:	01/22/2014	Date of Injury:	12/21/2007
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the medical records provided for this review, this patient reported an occupational injury on December 21, 2007 when he slipped on wet floor. His pain is reported in his back and radiating down both legs. He has had conventional medical interventions as well a surgical interventions for his low back. He reports terrible pain and difficulty walking more than 10 minutes, with numbness and tingling in both legs. Prolonged sitting also exacerbates his pain. A report from February 2013 states that he will likely require additional surgery in the future. Psychologically, he has been diagnosed with major depressive disorder, and chronic pain syndrome associated with both psychological factors and a general medical condition. Psychological testing showed mild depression on the Beck Depression Inventory in a recent progress note which is slightly less than what was shown on an initial intake. The patient is being treated with psychiatric and pain medications and has had 12 sessions of cognitive behavioral therapy to date. A request for continued supportive cognitive behavioral therapy with [REDACTED] for an unspecified the number of sessions was non- certified. This independent medical review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Supportive Cognitive Behavioral Therapy with [REDACTED], unknown number of sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC Mental Illness & Stress; Psychotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Page(s): 23.

Decision rationale: According to the medical records, this patient has received 12 sessions of cognitive behavioral therapy to date. Although a complete set of progress notes was not provided, there was one note from his last session that stated significant functional improvement in his levels of depression. However at this time he has already exceeded the maximum number of sessions allowed by the medical guidelines for cognitive behavioral therapy which states maximum of 10 sessions. Because he has already exceeded the maximum amount and because the request was for unlimited open-ended further sessions, it cannot be authorized. The treatment denial is upheld. This is not to say that the patient does, or does not need further psychological treatment on that the request exceeds the guidelines and there was insufficient evidence provided to go beyond that.