

Case Number:	CM14-0003136		
Date Assigned:	01/31/2014	Date of Injury:	05/08/2012
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 37-year-old male who reported an injury on 05/08/2012 due to a repetitive trauma while performing normal job duties. The injured worker's treatment history included medications, physical therapy, acupuncture, and chiropractic care. The injured worker was evaluated on 10/24/2013. The injured worker was psychologically evaluated and it was determined that he suffered from depression and anxiety related to his medical condition. The injured worker's diagnoses included back pain, cervicobrachial syndrome, and medial epicondylitis. A treatment recommendation was made for 12 cognitive behavioral therapy sessions. The letter of appeal dated 12/20/2013 was submitted and documented that the injured worker had significant issues with relaxation and was unable to participate in physical medicine. It was suggested that this supported 12 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 24.

Decision rationale: The clinical documentation submitted for review does not indicate that the injured worker has had any previous cognitive behavioral therapy. California Medical Treatment Utilization Schedule recommends 3 to 4 sessions of cognitive behavioral therapy to establish the efficacy of this treatment modality. As the injured worker has not responded to other types of conservative treatments to include physical therapy, a trial of cognitive behavioral therapy would be supported for this patient. The request exceeds this recommendation. The injured worker's inability to participate in stress reducing activities could be addressed during a trial period of cognitive behavioral therapy. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 sessions of cognitive behavioral therapy are not medically necessary or appropriate.