

Case Number:	CM14-0008406		
Date Assigned:	02/12/2014	Date of Injury:	11/25/2007
Decision Date:	07/18/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in 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:

This is a female patient with the date of injury of November 25, 2007. A December 30, 2013 Psychological Update Report identifies she states that she continues to struggle with nightmares and frequent episodes of anxiety which diminish functional capacity. Mood was fairly stable yet she continues to struggle with episodic depression and bouts of anger/frustration. The patient was notified that the consult was the last of the authorized sessions (6) and mutually agreed that she would likely benefit from an extension to twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE WEEKLY FOR TWELVE WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions Section, and the Mental Illness and Stress Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for cognitive behavioral therapy once weekly for twelve weeks, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of three to four psychotherapy visits over two weeks may be indicated. With evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks may be required. There is no documentation of objective functional improvement or improvement in the patient's psychological symptoms as a result of the sessions already authorized. Additionally, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. The request for cognitive behavioral therapy, once weekly for twelve weeks, is not medically necessary or appropriate.

MEDICATION MANAGEMENT ONCE PER MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Regarding the request for medication management one (1) time per month, California MTUS does not address this issue. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has been attending cognitive behavioral therapy sessions. However, the patient's current medications are not identified. In addition, there is no mention if medication management visits will be provided once a month on an ongoing basis. The request for medication management once per month is not medically necessary or appropriate.