MAXIMUS Federal Services

Case Number:	CM14-0009798		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2008
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 57 year old female who sustained a wrist injury in January of 2008. She has seen a psychiatrist in the past but the details of treatment are not clear. More recently she requested to see a psychologist for CBT. Coverage for the therapy was denied based on lack of medical necessity. This is an appeal of the previous denial of coverage for Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY FOR RIGHT WRIST PAIN (INITIAL VISIT): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , COGNITIVE BEHAVIORAL THERAPY (CBT),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PART 2-PAIN INTERVENTIONS AND TREATMENTS, PAGE 101-102

Decision rationale: The above cited guideline states the following in regards to CBT: "Recommended for appropriately identified patients during treatment for chronic pain....Cognitive behavioral therapy.... (has) been found to be particularly effective.

Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference...". As such CBT clearly appears to be indicated and medically necessary according to current evidence based best practice standards as set forth in the MTUS. The request for Cognitive Behavioral Therapy For Right Wrist Pain (Initial Visit) is medically necessary and appropriate.