MAXIMUS Federal Services

Case Number:	CM14-0010949		
Date Assigned:	02/21/2014	Date of Injury:	01/21/2005
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 licensed 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:

According to the records provided for this independent medical review, this patient is a 42-year-old male who reported an industrial / occupational work-related injury on January 21st 2005. The injury occurred during the patient's normal and customary work duties for waste management; it appears to have a cumulative trauma and an acute causation both related to getting in and out of the truck repetitively (with an incident of his slipping and banging the knee) and developed right knee pain and he is a status post multiple right knee surgeries. The patient reports anxiety and panic attacks since his injury; medication helping to decrease these Ambien, Ritalin (presumably non-industrial) and Sertraline. His work requires repetitive motion including lifting garbage cans weighing somewhere between 40 to 100 pounds approximately hundred times a day and sometimes they needed to be carried up to 50 feet. He has a history of depression and anxiety. A comprehensive psychological evaluation was conducted and showed he has diagnoses of Pain disorder related to psychological factors and Depressive Disorder not otherwise specified. A request for 12 sessions of cognitive behavioral therapy was requested and non-certified / denied; this independent review is the 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:

COGNITIVE BEHAVIORAL THERAPY TIMES TWELVE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , COGNITIVE BEHAVIORAL THERAPY, Page(s): 23.

Decision rationale: After reviewing all of the medical notes that were provided it were unclear to me if this is a request to start a new therapy or continue one in progress already. I assumed it was a new treatment, but then there was one note stating that "his anxiety and panic attacks are getting better with counseling." There was no further information. This is important because according to the MTUS guidelines for cognitive behavioral therapy, patients should be offered cognitive behavioral therapy as a recommended treatment option, however; but the process must include an initial trial of 3-4 sessions. Based on the outcome of these three to four sessions additional sessions can be also realized if medically necessary. The request for 12 sessions as an entire block of initial treatment was non-certified because it did not follow this required protocol. Either way, no documentation from prior sessions, if any, was provided that demonstrated the required functional objective improvements the patient may have. If there is adequate evidence of improvement, additional sessions up to 13-20 maybe authorized; however in the absence of first completing an initial trial and then subsequently submitting documentation of the outcome, if any, an entire block of 12 sessions cannot be authorized based on the treatment guidelines stipulated in the MTUS. This is not to say that the treatments are, or are not, medically needed only that there is a correct protocol that needs to be followed therefore the non-certification is upheld. It should be noted that based on my review of his medical record the patient does appear to be an appropriate candidate for a full course of psychological treatment.