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| Case Number: | CM14-0116518 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old male was reportedly injured on March 3, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 27, 2014, indicates that the injured employee is in need of continued antidepressant medications and cognitive behavioral therapy due to depression and posttraumatic stress disorder. A previous progress note dated June 27, 2014, states that previous cognitive behavioral therapy has allow the injured employee the opportunity to present a narrative and express emotional distress while providing support and reflection. Continued cognitive behavioral supportive psychotherapy was recommended. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left leg surgery, oral pain medications, and psychotherapy. A request had been made for 12 sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy sessions: Upheld

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

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): 101-102.

Decision rationale: The attached medical record does indicate that the injured employee has benefited from the six visits of cognitive behavioral therapy instituted thus far. Per MTUS, a total of up to 6 to 10 visits are indicated when there is evidence of objective functional improvement. However, as this request is for 12 visits, without additional justification, this request is not medically necessary.