

Case Number:	CM14-0127030		
Date Assigned:	08/13/2014	Date of Injury:	05/05/2004
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 female employee was reportedly injured on May 5, 2004. The mechanism of injury is not listed in these records reviewed. The attach record does not supply any information regarding progress notes, mechanism of injury, current complaints, physical examination, or diagnostic studies. Previous treatment includes a total knee arthroplasty and physical therapy. A request had been made for five sessions of cognitive behavioral therapy and a urine drug screen and was denied in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Cognitive behavioral therapy sessions(includes one evaluation): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Behavioral therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Therapy for Depression, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines psychological treatment including cognitive behavioral therapy and self-regulatory treatments have been found to be

particularly effective for treating chronic pain. Up to 13 to 20 visits over 7 to 20 weeks time is recommended if progress is being made. According to the most recent progress note dated September 10, 2014, the injured employee is struggling with symptoms of depression anxiety as well as other related symptoms such as hopelessness and withdrawal. Considering this, the request for five cognitive behavioral therapy sessions and an evaluation is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for urine drug screen is not medically necessary.