

Case Number:	CM14-0158753		
Date Assigned:	10/02/2014	Date of Injury:	12/05/2005
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/28/2014

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 Psychology 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:

The claimant is a 52 year-old male (██████████) with a date of injury of 12/5/05. The claimant sustained multiple injuries including to his head and back as a result of a motor vehicle accident that he sustained while working as a driver for ██████████. In his orthopedic evaluation report dated 6/19/14, ██████████ diagnosed the claimant with: (1) Headaches; (2) Cerebromalacia/seizure disorder; (3) Chronic cervical strain; and (4) Chronic lumbosacral strain. Additionally, in their "Visit Note- Follow-up Visit" dated 8/25/14, ██████████ and Physician Assistant, ██████████, diagnosed the claimant with: (1) Thoracic or lumbosacral neuritis or radiculitis, NOS; (2) Cervicalgia; (3) Brachial neuritis or radiculitis, NOS; and (4) Skin sensation disturbance. It is also reported that the claimant developed psychiatric symptoms as a result of the incident as well as secondary to his chronic pain. In their "Psychological Initial Evaluation" for an FRP in March 2014, ██████████ and ██████████ diagnosed the claimant with: (1) Pain disorder associated with both a general medical condition and psychological factors; (2) Generalized anxiety disorder; (3) Cognitive disorder, NOS; and (4) Major depressive disorder, single, moderate. The claimant current psychological providers, ██████████ and ██████████, have diagnosed the claimant with: (1) Depressive disorder, NOS; and (2) Posttraumatic stress disorder. The claimant has been receiving both psychotropic medications and individual psychotherapy to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression nor PTSD therefore, the Official Disability Guidelines regarding the cognitive treatment of both depression and PTSD will be used as references for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] and [REDACTED] in March 2014 in reference to possible FRP participation. Although he did not participate in the FRP, it was recommended that he follow-up with both biofeedback and psychotherapy. It appears that 6 sessions of each were authorized in April with the first psychotherapy session occurring on 5/21/14. The records indicate that the claimant completed a total of 6 psychotherapy sessions between 5/21/14-6/25/14. An additional 6 sessions were authorized and began on 7/23/14. The records submitted for review leave off on the session dated 8/20/14, which was the 5th out of the additional 6 authorized sessions. It is assumed that the final 6th session was completed for a total of 12 completed sessions. The ODG indicates that if objective functional improvements are demonstrated as a result of the treatment, additional services may be necessary. In fact, the guideline states that a "total of up to 13-20 sessions over 13-20 weeks" may be possible and that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." The progress notes submitted by [REDACTED] and [REDACTED] offer appropriate information to substantiate the need for additional sessions. As a result, the request for an additional "12 sessions of cognitive behavioral therapy" is medically necessary.