MAXIMUS Federal Services

Case Number:	CM14-0160771		
Date Assigned:	10/06/2014	Date of Injury:	09/27/2007
Decision Date:	11/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 now 47 year old male who was injured in September of 2007 and who has been diagnosed with Depressive Disorder NOS in addition to his chronic pain. He has apparently had 12 psychotherapy sessions with good success and was preparing to terminate. The provider has requested an additional 4 sessions. The previous reviewer denied coverage for these sessions due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for 4 CBT and Relaxation Training sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy and Relaxation Training (x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pyschological treatment & Behavoriaal Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 23.

Decision rationale: At the time of the most recent documented visit on 8/5 of this year, the patient was described as being ready to end the sessions. He was noted to be improved, more relaxed, happy and upbeat. His BDI scores have decreased from 22 in April to 10 at the time of the above mentioned visit. No rationale was given for the requested additional sessions. The

State of California MTUS indicates a total of 6-10 sessions and the patient has already had 12. The data reviewed in sum fail to establish medical necessity for the additional requested 4 sessions either based on the patient's clinical status at the most recent update or the evidence based State of California MTUS.