

Case Number:	CM14-0165045		
Date Assigned:	10/10/2014	Date of Injury:	09/25/2012
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 injured worker is a 58 year old male with date of injury 9/25/2012. The date of the UR decision was 9/23/2014. He encountered orthopedic injuries when he jumped from lift gate of a rented truck. It has been suggested that the injured worker has tried conservative treatment which has not been successful and he has been recommended for surgery. A report dated 3/27/2014 suggested that he was experiencing right knee, left elbow, both shoulders, low back, anxiety, stress, difficulty sleeping. Objective findings included tenderness, sensory deficit, reduced range of movement and strength. Psychological evaluation performed on 6/25/2014 listed diagnosis of Major Depressive Disorder; Unspecified Anxiety Disorder and possible psychosomatic magnification of musculoskeletal pain and impairment. He obtained a score of 41 on Beck Depression Inventory indicating severe levels of depression and a score of 48 on Beck Anxiety Inventory indicating severe levels of anxiety. Report dated 7/24/2014 indicated that he had attended 8 group psychotherapy sessions. Report dated 9/4/2014 suggested that injured worker presented with subjective complaints of impairment of sleep, energy, concentration, memory, emotional control and stress tolerance. He was prescribed Cymbalta 30 mg #120, and Ambien 10 mg #60 were prescribed at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy psychotherapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker could be a candidate for psychotherapy for behavioral management of the chronic pain. However, the request for Cognitive behavioral therapy psychotherapy x 12 exceeds the guideline recommendations for an initial trial per the guidelines quoted above. Thus, the request is not medically necessary.