

Case Number:	CM14-0020230		
Date Assigned:	04/25/2014	Date of Injury:	09/25/2009
Decision Date:	07/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Texas. 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 37-year-old male who reported an injury on 09/25/2009. The mechanism of injury was not provided. Per the 03/19/2014 psychiatric follow up, the injured worker reported feeling depressed, having low appetite, and sleeping poorly. He stated massage therapy had been helpful with his pain. The mental status examination noted the injured worker was restless, did not seem to be in much pain, had a depressed mood, and anxious and irritable affect. The injured worker's thought processes were noted as linear with thought content devoid of any suicidal ideations, homicidal ideation, or auditory or visual hallucinations. He seemed to have fair insight, judgment, and cognition. The provider's assessment included major depressive disorder with anxiety features. The injured worker did not want to start any antidepressants. He was continued on Xanax 0.5mg. The provider recommended cognitive behavior therapy and continued supportive therapy. The request for authorization form was not present in the medical record.

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 (CBT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MENTAL ILLNESS AND STRESS AND CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy For Depression.

Decision rationale: The CA MTUS guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines recommend a 4 to 6 session trial to provide evidence of symptom improvement. Guidelines recommend up to 13-20 visits of psychotherapy over 7-20 weeks (individual sessions), if progress is being made in the initial trial. Per the 03/19/2014 clinical note, the injured worker reported feeling depressed, having low appetite, and sleeping poorly. The medical records provided indicate the injured worker had been attending supportive psychiatric therapy since at least 08/27/2013. There is no indication the injured worker has received individual psychotherapy; however, the request for 12 initial sessions would exceed guideline recommendations for the initial trial. As such, the request is not medically necessary.