

Case Number:	CM14-0020803		
Date Assigned:	04/30/2014	Date of Injury:	05/12/2009
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, 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:

According to the records made available for review, this is a 47-year-old male with a May 12, 2009 date of injury. At the time of the request for authorization for cognitive behavior therapy sessions x16, there is documentation of subjective (mood depressed and anxious, agitated, frustrated) and objective (walks with pronounced limp on left side, uses cane to support left leg, ankle, knee and hip) findings (December 23, 2013, current diagnoses (posttraumatic stress disorder, major depressive disorder, and other pain D/O), and treatment to date (cognitive behavior therapy sessions). The number of therapy sessions completed to date cannot be determined. In addition, there is no documentation of evidence of objective functional improvement with previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY SESSIONS X16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identify that behavioral interventions are recommended. The Chronic Pain Medical Treatment Guidelines additionally recommend an initial trial of three to four psychotherapy visits over two weeks, and with evidence of objective functional improvement, a total of six to ten visits over five to six weeks (individual sessions). ODG identifies documentation of objective functional improvement with previous psychotherapy and an extremely severe case of combined depression and PTSD (post-traumatic stress disorder), as criteria necessary to support the medical necessity of continued psychotherapy lasting for at least a year, or fifty sessions. Within the medical information available for review, there is documentation of diagnoses of posttraumatic stress disorder, major depressive disorder, and other pain D/O. In addition, there is documentation of an extremely severe case of combined depression and PTSD and treatment with previous cognitive behavioral therapy sessions. However, the number of therapy sessions completed to date cannot be determined. In addition, there is no documentation of evidence of objective functional improvement with previous sessions. The request for sixteen cognitive behavior therapy sessions is not medically necessary or appropriate.