

Case Number:	CM14-0023135		
Date Assigned:	05/07/2014	Date of Injury:	09/09/2010
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a now 58 year old female who was injured in September of 2010. Diagnoses of Major Depressive Disorder, Single Episode and anxiety state NOS are noted in the record. She is on trazodone 50 mg daily and temazepam 15 mg daily. It is not clear that she has had a psychiatric evaluation but she has been seeing a psychologist for complaints of depression related to her work related injury and residual pain. GAF scores of 80 were noted. The therapist is requesting 6 sessions of cognitive behavioral therapy. Coverage for the requested treatment has been denied. This is an independent review of the previous determination to deny coverage for an additional 6 sessions of Cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PART 2-INTERVENTIONS AND TREATMENTS Page(s): 23.

Decision rationale: The above referenced guideline indicates that cognitive behavioral therapy is recommended. However the guideline indicates an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The report dated 1/23/2014 indicates that the patient has had 28 sessions in 2011 and an additional 12 beginning in April of 2013. The reported GAF scores of 80 belie the need for continued treatment. The requested additional 6 sessions therefore are clearly outside the parameters of current clinical research, evidence based best practice standards and expert consensus as set forth in the State of California Medical Treatment Utilization Schedule (MTUS).