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| Case Number: | CM14-0025074 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 03/11/2009 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 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 53 year old female who reported an injury on 03/11/2009. The reported mechanism of the injury was that after parking her car, she was walking in the parking lot of her place of employment when she was struck by a police car. In a report dated 02/21/2014, this worker was suffering from depression, anxiety and sleeplessness. These symptoms had reportedly improved after she began taking Silenor and previous Cognitive Behavioral Therapy. She was also taking Doxepin, and had stopped taking Lexapro, Trazodone and Seroquel. Her physical complaints included neck and back pain with headaches, cervical stenosis, lumbar radiculopathy, and cervical radiculopathy. Her medications included Metformin 1000 mg, Naproxyn 550 mg, Simvastatin 20 mg, Januvia 50 mg, Gabapentin 600 mg, Prilosec 20 mg and Silenor 6 mg. There was a request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY (1 X 6-12 WEEKS) WITH [REDACTED]
SPEAKING THERAPIST QUANTITY: 12.00:** 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 Psychological Treatment Page(s): 23.

Decision rationale: The request for Cognitive Behavioral Therapy once every 6-12 weeks with [REDACTED] speaking therapist is not medically necessary. The injured worker was reportedly struck by a police car while walking in the parking lot at her place of employment. In addition to reported spinal injuries and resulting pain, she was diagnosed with major depressive disorder and suffered from anxiety and sleeplessness. She had been tried on different psychotropic medications and has had some amelioration of her symptoms. The California MTUS Guidelines recommend the allowable initial trial is limited to 3-4 psychotherapy visits over 2 weeks. This request exceeds that time frame. In addition, there was a lack of psychometric scores to support the diagnosis. Therefore, the request for Cognitive Behavioral Therapy with [REDACTED] speaking therapist is not medically necessary.