

Case Number:	CM14-0029540		
Date Assigned:	06/18/2014	Date of Injury:	01/23/2009
Decision Date:	08/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 33 year old female suffering from chronic pain after being hurt on 1/23/09. Her diagnosis was psychogenic pain, coupled with insomnia. A report on June 13, 2013 from a psychologist noted a plan to continue cognitive behavioral therapy, which had already been underway with over ten sessions of therapy. A prior review of the request for continuation of cognitive behavioral therapy noted the MTUS recommendation for 3-4 sessions and with evidence of improvement and a total of up to 6-8 visits over 5-6 weeks. Since the request exceeded this and there was no current update from the psychologist, the reviewer's recommendation was for one psychotherapy visit to allow for an update. Specific goals of continued therapy are not apparent.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY 2XWEEK X8 WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The psychologist's therapy notes from June 13, 2013 indicate the inclusion of the injured worker's son with role-playing to deal with parenting issues. The remaining notes are psychiatry notes describing the clinical management of the injured workers pain and mobility issues. Lacking sufficient documentation of a need for further assessment or target psychotherapy treatment using cognitive behavioral therapy to deal with issues tied directly to the injured workers injury is not indicated. Per MTUS, 16 sessions of cognitive behavioral therapy twice a week for 8 weeks is not medically necessary.