

Case Number:	CM14-0032228		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2003
Decision Date:	07/28/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 a licensed Psychologist 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 48-year-old male who reported an injury on 07/26/2003 caused by an unknown mechanism. On 06/17/2014, it was noted the injured worker continued to suffer from severe physical and psychological symptoms that require assistance. It was noted the injured worker had persistent and widespread pain, psychological deficiencies, suicidal ideation, weakness and limitations in all activities of daily living that he is a candidate for an in-home skilled nursing care. The diagnosis includes major depressive disorder with suicidal ideation, pain disorder associated with both psychological factors and general medical condition. There were no medications listed for the injured worker. The treatment plan included a request for cognitive behavioral therapy 2 times a week for the next 3 months. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY TWO TIME A WEEK FOR THE NEXT THREE MONTHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical treatment Guidelines recommends pain psychology sessions are appropriate for identified patients during treatment for chronic pain. The guidelines recommend 3-4 initial sessions and up to 10 visits with evidence of objective functional improvement. Diagnoses includes major depressive disorder with suicidal ideation, pain disorder associated with both psychological factors and general medical condition. On 06/17/2014 it was reported the injured worker still suffers from suicidal ideation and requires assistance into an in home skilled nursing care facility. In addition, cognitive behavioral therapy is warranted if there is sufficient evidence and information to support going beyond the guidelines due to the injured worker's severity of his symptoms. Given the above, the request for cognitive behavioral therapy twice a week for the next three months is not medically necessary and appropriate.