

Case Number:	CM14-0033100		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2011
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 44 year old who was injured on 12/13/2011. The left knee was re-injured in 2012. The diagnoses are left knee pain, depression, anxiety and insomnia. On 5/28/2014, [REDACTED] [REDACTED] documented subjective complaints of insomnia, stress, poor concentration, emotional upset due to work and financial issues and worsening depression and anxiety. There was a history of Post Traumatic Stress Disorder (PTSD). The patient was diagnosed with major depression. It was recommended the patient participate in Cognitive Behavioral therapy. [REDACTED] noted that the patient was happier and feeling much better after resolution of the Workers Comp case. There are minimal objective findings in the left knee. The psychosomatic symptoms were more significant than the knee condition. A Utilization Review determination was rendered on 5/5/2014 recommending non certifications for Initial Cognitive Behavior Therapy and Psychoeducational Group sessions #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Cognitive Behavior Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS did not fully address the use of Cognitive Behavioral Therapy in the treatment of co-existing depression in chronic pain patients. The ODG guideline recommends that Cognitive Behavioral Therapy can be effective, long lasting and with lower relapse rates than the use of antidepressants without therapy. The Psychotherapist documented subjective and objective findings of PTSD, anxiety, stress, depression and insomnia that was responding to treatment. [REDACTED] did recommend Initial Cognitive Behavior Therapy evaluation and participation in 8 Group Psycho-educational Therapy sessions. The criteria for the Behavioral health treatments were met. The request is medically necessary and appropriate.

Psychoeducational Group X 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress chapter.

Decision rationale: The CA MTUS did not fully address the use of Group Psychotherapy in the treatment of co-existing depression in chronic pain patients. The ODG guideline recommend that Group Behavioral Therapy can be effective, long lasting with lower relapse rates than the use of antidepressants without psychotherapy. The Psychotherapist documented subjective and objective findings of PTSD, anxiety, stress, depression and insomnia that was responding to treatment. [REDACTED] did recommend Initial Cognitive Behavior Therapy evaluation and participation in 8 Group Psycho-educational Therapy sessions. The criteria for the Behavioral health treatments were met. The request is medically necessary and appropriate.