

Case Number:	CM14-0053600		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2005
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/22/2014

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 in Psychology and is licensed to practice in California. 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:

According to the medical records provided for this independent medical review, this patient is a 52 year old male who reported an industrial/occupational work-related injury on December 5, 2005. The injury occurred as a result of a motor vehicle accident while he was engaged in his normal and usual customary activities for work as a truck driver. The injury was severe, he was rear ended by another truck and his head jerked forward and then back, he may, or may not have struck his head on the cab of his vehicle and may, or may not, lost consciousness. He has neck and back pain with tenderness in the neck and back. He has cervical and lumbar strain and brain injury resulted with seizures and post-concussion syndrome characterized by headache, depression, emotional sequelae, and changes in his cognitive status/functioning. A request for 12 sessions the Cognitive Behavioral Therapy was made and non-certified. This independent medical review will address a request to overturn the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy page 23-24 Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Chapter, topic: psychotherapy sessions, June 2014 update.

Decision rationale: According to the MTUS guidelines for Cognitive Behavioral Therapy an initial block of 6 sessions should be offered as a trial to determine if the patient responds to the initial treatment positively and shows objective functional improvements, the initial trial results need to be well documented. If the results are positive additional sessions may be offered with 13 to 20 sessions maximum for most patients. According to the ODG, June 2014 update, patients who have severe depression may be offered up to 50 sessions if progress is being made and if medically necessary. The requested Cognitive behavioral therapy times 12 sessions exceeds the guidelines and are not medically necessary.