MAXIMUS Federal Services

Case Number:	CM14-0056110		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2010
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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, has 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 44-year-old male who reported an industrial/occupational work related injury on March 23, 2010. At that time, he was engaged and the usual in regular work duties as a landscaper for the city of San Jose when he developed back pain after lifting a lawn mower onto the back of a truck. He reports continued pain in his mid-back and below the shoulder blades. He has had conventional treatments as well as tens unit, acupuncture, and medications for pain. The patient is reporting depression, feelings of nervousness and anxiety, changes in his level of functioning at home, mood swings. A request for Cognitive Behavioral Therapy 4-6 sessions was made and not granted. This request for an independent medical review will address a request to overturn the Utilization Review decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (Qty. 4-6): Overturned

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 Part Two, Behavioral Interventions, Cogntive Behavioral Thearpy Page(s): 23-24. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Psychotherapy guidelines, June 2014 update.

Decision rationale: Utilization review rationale for not granting the request was stated that there was no evidence of recent efforts at physical medicine intervention and that cognitive behavioral therapy should only be used after such efforts have been unsuccessful. This patient related to his chronic pain, depression related financial difficulties due to work related problems that have resulted from his pain condition, marital issues related to his depression and lack of sex drive. The patient has been diagnosed with adjustment disorder with mixed depression and anxiety, complex grief reaction (non-industrial) and chronic pain condition. According to the MTUS treatment guidelines an initial block of 3-4 that cognitive behavioral therapy treatment sessions should be provided and if there is functional improvement as a result additional sessions may be authorized. According to the Official Disability Guidelines treatment guidelines the initial block should consist of six sessions and if objective functional improvement was made as a result of the treatment and is well documented, and medically necessary, additional sessions up to a maximum of 13 to 20 may be provided except in cases of severe depression were additional sessions up to 50 may be authorized. They do not agree with the utilization review finding that the treatment should not be authorized because of a lack of conventional treatment. This patient has had ample conventional treatment that has been well documented. The finding is to overturn the not medically necessary and to allow this treatment to begin with an initial trial of six sessions if there is functional improvement additional sessions may be offered. Therefore, the request is medically necessary.