

Case Number:	CM14-0065307		
Date Assigned:	07/11/2014	Date of Injury:	09/18/2007
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The claimant is a female whose age and date of birth are not found within the records, with a date of injury of 9/18/07. The claimant sustained injury while working for [REDACTED]. The mechanism of injury was not found within the medical records submitted for review. Additionally, there are no psychiatric or medical diagnoses found within the records. Therefore, according to the [REDACTED] Utilization Review Letter dated 4/14/14, the claimant's primary diagnosis is Degeneration of cervical intervertebral disc. She has also been diagnosed with: (1) Generalized anxiety disorder; (2) Insomnia due to mental disorder; and (3) Manic disorder recurrent episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Therapy Guidelines.

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, Cognitive behavioral therapy (CBT).

Decision rationale: The CA MTUS does not address the use of cognitive therapy therefore; the Official Disability Guideline regarding the use of cognitive therapy will be used as reference for this case. In their most recent Requested Progress Report dated 5/2/14, [REDACTED] and [REDACTED] offer the following objective findings: apprehensive, talkative, sad, anxious mood, nervous, tense, looks tired, little energy, lethargic, preoccupied with physical condition and pain. There is no mention as to how many group, individual, and/or relaxation sessions have not been completed to date, nor is there a diagnosis listed. Without sufficient information about the services already completed, the need for additional services cannot be fully determined. As a result, the request for Cognitive Behavioral Therapy, 1 time a week for 6 weeks is not medically necessary.

Relaxation training, 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding the use of relaxation techniques will be used as reference for this case. In their most recent Requested Progress Report dated 5/2/14, [REDACTED] and [REDACTED] offer the following objective findings: apprehensive, talkative, sad, anxious mood, nervous, tense, looks tired, little energy, lethargic, preoccupied with physical condition and pain. There is no mention as to how many group, individual, and/or relaxation sessions have not been completed to date, nor is there a diagnosis listed. Without sufficient information about the services already completed, the need for additional services cannot be fully determined. As a result, the request for Relaxation training, 1 time a week for 6 weeks is not medically necessary.