

Case Number:	CM14-0074219		
Date Assigned:	07/16/2014	Date of Injury:	07/10/2013
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 records that were provided for this independent review, this patient is a 53 male who reported an industrial/occupational work-related injury on July 10, 2013. The injury reportedly occurred during his usual and customary work duties in the shipping and receiving department to his left leg, elbow, and lower back when he slipped and fell on the left side of his back. He reports increased pain in the lower back and toes of his left foot with radiation to the left leg. He reports left elbow pain with radiation into the left arm. Medically, he is diagnosed with lumbar strain/sprain and closed fracture of an unspecified part of the forearm. The pain is described as throbbing aching cramping and burning with pins and needles. Psychologically, he reports sadness the key, low self-esteem sense of hopelessness, loss of pleasure, and depression related symptoms. Very poor sleep is particularly troublesome. He has been diagnosed with: Major Depression, Single Episode, Moderate; Anxiety Disorder Not Otherwise Specified; Sleep Disorder Due To a Medical Condition; and Pain Disorder. A request for "Cognitive Behavioral Therapy CBT" was made and not certified. The utilization review rationale for non-certification was stated as: further details regarding psychological issues are limited and past treatment as well as response to any past treatment is unclear. There is no submitted comprehensive psychological evaluation is screening to determine specific psychological issues that support the need for the requested intervention." This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy CBT: Upheld

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

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

Decision rationale: On the Application for Independent Medical Review dated 5/14/14 the request was stated as "Cognitive Behavioral Therapy, CBT". The number of sessions was not specified. The number of sessions being requested is needed in order to make a medical necessity determination. According to the MTUS treatment guidelines patients should have an initial set of 3 to 4 sessions, and any further treatment is contingent upon functional improvement. It does appear that he had at least one treatment session. According to the Official Disability Guidelines, patients making progress in treatment may have up to a maximum of 13-20 sessions. The treating psychologist did not provide sufficient information regarding treatment outcomes after the initial treatment block of four sessions. There is insufficient information presented to show medical necessity for additional sessions. In addition, there is not sufficient documentation of the results of the patients initial brief treatment trial, therefore Cognitive Behavior Therapy CBT is not medically necessary and appropriate.