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| Case Number: | CM14-0077171 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/06/1998 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old male who reported an injury on 02/06/1998. The injury reported was when the injured worker was engulfed by fire. The diagnoses included depressive disorder with anxiety. Previous treatments include 50 sessions of cognitive behavioral therapy and medication. Within the clinical note dated 04/18/2014 it was reported the injured worker complained of increasing anxiety. The injured worker reported being frustrated over the program at Braille. On the physical examination, the provider noted the injured worker was in good spirits. The provider indicated the injured worker was talkative. The provider requested 6 additional sessions of individual cognitive behavioral psychotherapy. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of individual cognitive behavioral psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines, Mental Illness & Stress, Cognitive Behavioral Therapy.

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

Decision rationale: The request for 6 additional sessions of individual cognitive behavioral psychotherapy is not medically necessary. The injured worker stated he continued to be frustrated over the program at Braille. California MTUS Guidelines recommend a psychotherapy referral after 4 weeks if lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data noted to demonstrate significant deficits that would require therapy, as well as the established baseline by which to assess improvement during therapy. The injured worker has undergone 50 sessions of cognitive behavioral psychotherapy, which exceeds the guideline recommendations of 6 to 9 visits over 5 to 6 weeks. Therefore, the request is not medically necessary.