MAXIMUS Federal Services

Case Number:	CM14-0079369		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2011
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Psychology, and is licensed to practice Texas. 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 51-year-old female who reported an injury on 6/7/2011. The mechanism of injury was reported as bumping her knee against a table. The diagnoses included unspecified major depression and lower leg joint pain. Prior therapies included physical therapy, a functional restoration program, group therapy, and cognitive behavioral therapy. An EMG of the left lower extremity performed 12/10/2013 was noted to be normal. Surgical history included a left knee arthroscopy on 01/19/2012. Per the 04/25/2014 visit note, the injured worker reported depression, anxiety, and left knee pain rated 4/10 with medications. The injured worker also reported ongoing treatment with a therapist. She reported discussing her symptoms improved her mood and helped her cope with her pain. Objective findings included 4/5 strength with lower leg flexion. The current medications included Trazodone 50mg. The treatment plan included cognitive behavioral therapy. The rationale for the request was to address the injured worker's depression. The request for authorization for 10 Cognitive Behavioral Therapy sessions was submitted 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy 10 sessions over 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavior Interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavior therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, page(s) 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions.

Decision rationale: The request for Cognitive Behavioral Therapy 10 sessions over 4 months is noncertified. The California MTUS Guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive Behavioral Therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines further state, an initial trial of 3 to 4 psychotherapy visits is recommended. A total of up to 6 to 10 visits may be recommended with evidence of objective functional improvement. The medical records provided indicate the injured worker completed treatment including group therapy, a functional restoration program, and Cognitive Behavioral Therapy. There is a lack of documentation to verify the number of sessions of cognitive behavioral therapy and improvements made. In addition, the request for 10 additional sessions exceeds the guideline recommendations. Based on this information, the request is not supported. As such, the request is not medically necessary.