

Case Number:	CM14-0083080		
Date Assigned:	07/21/2014	Date of Injury:	07/22/2011
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 Child & Adolescent Psychiatry, 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 injured worker is a 54 year old female who suffered a slip and fall at work on 7/22/2011. The worker tripped over computer cords and injured herself, suffering bilateral knee contusions, acute neck sprain and lumbo-sacral sprain, right hip contusion, and right shoulder muscle injury. She later underwent right shoulder surgery on 2/13/12. She subsequently complained of chronic pain, and was diagnosed with Pain Disorder with Medical and Psychological Factors and Major Depression. The injured worker underwent a course of cognitive behavioral therapy (CBT) in year 2012-2013. In the 4/17/14 treating physician's progress report, the injured worker demonstrated tearfulness, depressed mood, social withdrawal, and suicidal ideation but no suicidal intent or plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 INDIVIDUAL COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG-Cognitive Behavioral Therapy guidelines for chronic pain ODG- web 2013 Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: MTUS guideline notes that both psychological therapy can be helpful in alleviating symptoms of depression secondary to chronic pain. The recommendation is for an initial treatment with 3 - 4 sessions over 2 weeks followed by 6 - 10 sessions in 6 weeks. The ODG guidelines indicate that Cognitive Behavioral Therapy (CBT) has been shown to be effective in alleviating symptoms of depression. The guideline recommends an initial trial of 4 - 6 sessions, followed by additional sessions up to a maximum of 20 over 20 weeks if there has been demonstrated functional improvement with the initial trial of treatment. The injured worker has not undergone recent CBT, but had responded positively in the past to treatment. The patient has severe depressive symptoms and would benefit from CBT, but should resume treatment with the recommended 4 - 6 sessions initially, and then if there is demonstrated functional improvement after completing the sessions, additional sessions up to the 15 sessions requested would be appropriate. The request for 15 sessions is therefore premature at this stage in the injured worker's treatment, and the request is not medically necessary on that basis.