MAXIMUS Federal Services

Case Number:	CM14-0090783		
Date Assigned:	07/23/2014	Date of Injury:	08/06/2013
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 Psychiatry and is licensed to practice in 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:

This 42 year old male sustained injuries in a motor vehicle accident on 8/6/13. The consequence was cervical and thoracic compression injuries. In addition to phsycial therapies he has been treated with psychotropic medication and psychotherapy with anxiety in the absence of depressed mood. The overall impression is that there is no delayed recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitive Behavioral Therapy, Guidelines for chronic pain.

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

Decision rationale: The patient has already received supportive psychotherapy as documented in the psychiatric note of April 18, June 19, 2014, and others. He has been treated with Cymbalta and Xanax as needed plus augmentation with Abilify. The number of psychotherapy visits is not documented. Official disability guidelines suggests an initial trial of 3-4 visits over two weeks and with objective improvement functionally up to 10 visits. There is not documentation of the

outcome of those therapy visits or the progress or lack of progress prior to the request for the additional 6 cognitive behavioral therapy sessions. There is however a note dated January 15, 2014 that notes post traumatic stress disorder. Anxiety and depression slowly improving. A review of the provided clinical notes emphasizes vision impairment, chronic pain and secondary insomnia over any psychological issues, although the injured worker has reported intrusive thoughts of recalling the accident. Based upon MTUS guidelines and the clinical documents, six cognitive behavioral therapy visits are not medically necessary.