MAXIMUS Federal Services

Case Number:	CM14-0001971		
Date Assigned:	06/13/2014	Date of Injury:	05/12/2012
Decision Date:	03/06/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 40 year old female sustained work related industrial injuries on May 12, 2012. The mechanism of injury involved a twenty three pound box of salsa packets falling on injured worker's head. The injured worker was diagnosed and treated for cervical sprain/strain neck; contusion of face, neck, and scalp; post-concussion syndrome and lumbar degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, pain management, consultation and periodic follow up visits. Per treating provider report dated December 4, 2013, the injured worker was in good spirits. The injured worker reported numbness from her shoulder to her bilateral upper extremities and tingling on bilateral soles of feet. Objective findings revealed happy and appropriate mood. Mental status was alert and oriented. Reflexes were within normal limits. The treating physician prescribed services for cognitive behavior therapy weekly x 6 months QTY: 48 now under review.On December 6, 2013, the Utilization Review (UR) evaluated the prescription for cognitive behavior therapy weekly x 6 months requested on December 4, 2013. Upon review of the clinical information, UR non-certified the request for cognitive behavior therapy weekly x 6 months , noting lack of clinical documentation concerning treatment, therapy or physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT WEEKLY X 6 MONTHS QTY:48.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy. Page(s): 23-24. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.December 2014 update

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to the current requested treatment, the medical necessity was not established. According to the provided medical records, the patient was seen first by a psychologist on October 19, 2012 for a prior industrial injury, at which time cognitive behavioral treatment was recommended along with comprehensive pain management and a neuropsychological evaluation. It is not clear whether or not any treatment was provided at that time, no records were provided for that injury and if she has already received CBT. According to the official disability guidelines and the MTUS guidelines patients should have an initial brief treatment trial consisting of 3 to 4 sessions to determine whether or not the patient benefits from treatment. Subsequent to the initial treatment trial if there is documented patient benefit, including improved objective functional capacity, additional sessions up to a maximum of 10 can be allowed (MTUS) or up to a maximum of 13-20 (ODG). This request for 48 sessions greatly exceeds the recommended maximum. In addition, the medical records did not reflect the psychological diagnoses or a treatment plan or what symptoms would be addressed. Because of these reasonsm the medical necessity of the request was not established. This is not to say that the patient does, or does not require psychological treatment, only that medical necessity was not established by the documentation received for consideration and that the request is excessive in quantity and does not follow treatment protocols. Because medical necessity was not established the request to overturn the utilization review determination for non-certification is not approved.