

Case Number:	CM14-0186436		
Date Assigned:	11/14/2014	Date of Injury:	03/04/2013
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

Injured worker is a 43 year old female with date of injury 3/4/2013. Date of the UR decision was 10/28/2014. She encountered a trip and fall injury resulting in injury to left knee and left hand. Per report dated 9/25/2014, injured worker presented with subjective complaints of impairment of sleep, energy, concentration, memory, emotional control, and stress tolerance. She was diagnosed with Major Depressive Disorder, recurrent, severe and unspecified anxiety disorder. She was prescribed Effexor 75 mg #180 and Trazodone 150 mg #90. The treating provider recommended every three month medication follow up with Psychiatrist and every other week cognitive behavior individual and/or group psychotherapy with a Psychologist. Per Individual Psychotherapy record dated 9/26/2014, the injured worker was participating in psychotherapy treatment 2-3 times/week. Report dated 9/24/2014 suggested that it was her #7 group therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are "recommended." The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Upon review of the submitted documentation, it is gathered that the injured worker has been in psychotherapy treatment. However, there is no clear report regarding the total number of individual or group psychotherapy sessions completed so far. Report dated 9/24/2014 suggested that it was her #7 group therapy session. It has been suggested that the injured worker has had at least 7 psychotherapy sessions so far. Request for 6 additional sessions would make the total number of sessions exceed total of 6-10 sessions which is the maximum number of sessions recommended per the guidelines. The request for Cognitive Behavior Therapy (1x6) is excessive; therefore, is not medically necessary.