

Case Number:	CM15-0007014		
Date Assigned:	01/22/2015	Date of Injury:	10/18/2012
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on October 18, 2012. She has reported neck pain, lower back pain, mid back pain, bilateral shoulder pain, and pain of the bilateral knees and ankles. The diagnoses have included lumbosacral sprain/strain, multilevel disc bulges, bilateral ankle sprain/strain, left ACL tear, bilateral wrist sprain/strain, sleep disorder, major depressive disorder, single episode, moderate, and panic disorder with agoraphobia. Treatment to date has included knee surgery, acupuncture, biofeedback, a knee brace, chiropractic, medications, and imaging studies. Currently, the injured worker complains of continued pain, depression and anxiety. The treating physician is requesting cognitive behavior therapy 8-12. On January 6, 2015 Utilization Review non-certified the request for cognitive behavior therapy noting the lack of documentation to support the medical necessity of the service. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy (x8-12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotherapy services with [REDACTED] for over one year. It is unclear from [REDACTED] submitted PR-2 reports as to how many psychotherapy sessions have been completed to date. Additionally, the reports do not note any consistent objective functional improvements being made from the completed psychotherapy sessions. Without this information, the need for any additional psychotherapy cannot be fully determined. The ODG recommends a total of up to 13-20 sessions as long as CBT is being completed and objective functional improvements are demonstrated. As a result of insufficient information, the request for 8-12 additional psychotherapy sessions is not medically necessary.