

Case Number:	CM15-0134627		
Date Assigned:	07/22/2015	Date of Injury:	03/29/2010
Decision Date:	08/19/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old woman sustained an industrial injury on 3/9/2010. The mechanism of injury is not detailed. Diagnoses include pain disorder associated with both psychological factors and general medical condition, major depressive disorder, and alcohol abuse. Treatment has included oral medications. Physician notes from psychiatry on a PR-2 dated 6/30/2015 show complaints of left shoulder popping and numbness to the left elbow with tingling in the left hand. The worker also states constantly crying, difficulty coping and admits recent suicidal ideation without a plan or intent. Recommendations include intense psychological therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Cognitive behavioral therapy (CBT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive behavioral therapy (CBT). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, cognitive therapy is recommended: ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. There is no documentation of benefit from previous cognitive therapy. There is no documentation of the goals and objectives of the proposed cognitive therapy and no clear justification for the length of the therapy. There is no documentation how the patient will be monitored during the proposed therapy. In addition, there is no justification to use more cognitive therapy sessions. Therefore, the request for Referral for Cognitive behavioral therapy (CBT) is not medically necessary.