

Case Number:	CM15-0166914		
Date Assigned:	09/04/2015	Date of Injury:	07/17/2014
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 26 year old male who sustained an industrial injury on 07/17/2014. He suffers from pain which he describes as continuous, steady, and constant in his right side, neck, and low back. Treatments to date include orthotics, chiropractic, steroid injection, cognitive behavioral therapy, and medications including Zoloft, Xanax, and Ambien. He had received 7 CBT sessions between 9/4/14-12/19/14. On 04/20/15 AME recommended no further psychotherapy or precautionary award. In a PR2 by the treating psychologist of 07/16/15 he complained of irritability, sadness, fatigue, loss of pleasure in his usual activities, social avoidance, loss of interest in sex, sleep disturbance, appetite changes, and occasional crying episodes. He denied suicidal ideation. He reported sleeping about four hours per night and eating less. He reports health worries, nightmares, fears related to his accident, panic attacks 2-3 times per week, trembling, shortness of breath, dizziness and palpitations. He endorses inability to concentrate, his mind tiring easily, short term memory lapses, and he refrains from starting projects. Mood was depressed with restricted affect. Attention was good. Recent memory was good, remote memory fair. Insight and judgment were good. His Beck Depression Inventory was 48 and Beck Anxiety Inventory was 21, both indicating severe levels. Diagnoses included major depression and anxiety disorder. UR of 07/31/15 modified the request for 10 CBT visits over 6 weeks to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy for 10 visits over 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: CBT is recommended as evidence based literature has shown that individual psychotherapy is beneficial in helping patients develop coping skills to manage chronic pain, thus alleviating the symptoms of depression/anxiety as well. Per ODG an initial trial would be 3-4 sessions over 2 weeks, followed by evaluation for objective functional improvement prior to certification of additional services. To date documentation provided shows that the patient has received 7 sessions. No evidence was provided that there was improvement. A request for an additional 10 sessions was modified to six sessions on 07/31/15, but no records were provided to show if these services were utilized. As such it appears that they are still outstanding. This request is not medically necessary.