

Case Number:	CM15-0189790		
Date Assigned:	10/01/2015	Date of Injury:	03/26/2002
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on 3-26-02. She is diagnosed with major depressive disorder, recurrent, moderate with anxiety. The injured worker is retired. A note dated 8-13-15 reveals the injured worker presented with complaints of chronic depression, increased irritability, social withdrawal, decreased self-esteem, decreased concentration, feelings of helplessness, hopelessness anxious mood, nervousness, tension, wide ranging worry, self-deprecation, decreased pleasure in previously enjoyed activities and decreased motivation. She reports she is able to engage in activities of daily living such as; self-care, manage her finances and medications, household chores, cook, care for her pet, maintain contact with family, run errands, attend physician appointments, and occasionally engage in a social outing or speak with a friend. An examination dated 8-13-15 revealed a slightly restricted affect, notable depressed mood with signs of psychomotor vegetation. She presented with feelings of helplessness, despair and loss. She reported passive suicidal ideation without plan or intent. Treatment to date has included medication (Cymbalta and Trazadone) and physical therapy. A request for authorization dated 8-19-15 for 12 weekly individual cognitive behavior therapy sessions is modified to 6 sessions and 4 med evaluations-rx meds and follow up times 5 is modified to 1 initial medical evaluation-rx med, per Utilization Review letter dated 8-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly individual cognitive behaviors therapy sessions: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back, bilateral knees and bilateral shoulders. The current request is for 12 weekly individual cognitive behavior therapy sessions. The treating physician report dated 8/13/15 (220B) states, having sustained an industrial related psychological injury, the patient is entitled to and in need of standard psychological/psychiatric treatment. After the patient has completed the twelve sessions of psychotherapy, she should be re-evaluated for possible MMI status. MTUS support cognitive behavioral therapy for chronic pain, but for initial trial of 3-4 sessions and no more than 10 sessions with progress. In this case, the current request for 12 sessions of individual therapy exceeds the 10 sessions allowed by MTUS guidelines on page 23. The current request is not medically necessary.

4 med evaluation/rx meds and follow up times 5: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back, bilateral knees and bilateral shoulders. The current request is for 4 med evaluation/rx meds and follow up times 5. The treating physician report dated 8/13/15 (220B) states, having sustained an industrial related psychological injury; the patient is entitled to and in need of standard psychological/psychiatric treatment. She should have a minimum of five follow up medication management sessions. The MTUS page 8 has the following; the physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health. Evaluation of patient, review of reports, medication management and providing a narrative report is part of a normal reporting and monitoring duties to manage patient's care. The current request is medically necessary.