

Case Number:	CM15-0198377		
Date Assigned:	10/13/2015	Date of Injury:	07/03/2014
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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 male, who sustained an industrial injury on 7-3-2014. Diagnoses include post-concussion syndrome, psychogenic pain, headache, depression, neck sprain-strain, and lumbar sprain-strain. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, and a transforaminal epidural, and twelve (12) cognitive behavioral therapy sessions. On 8-21-15, he complained of ongoing tinnitus, causing increased levels of anxiety, depression, and ongoing psychiatric distress. The records indicated large amounts of anxiety and depression typically occurred in the evening before bedtime, when the tinnitus was especially noteworthy. The provider documented "he is doing well with cognitive behavioral therapy so far", and "continues to make good use of the treatment." The records indicated treatment focus was learning cognitive behavioral therapy techniques to better cope and management in general. The plan of care included additional therapy sessions. The appeal requested authorization for eight (8) cognitive behavioral therapy sessions. The Utilization Review dated 9-30-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral therapy (CBT) guidelines for chronic pain.

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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving cognitive-behavioral psychotherapy and neural feedback with psychologist, [REDACTED]. Unfortunately, the last 3 progress reports dated 7/7/15, 7/31/15, and 8/18/15 fail to note the number of completed sessions to date. They also provide limited information regarding consistent progress and improvements. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for an additional 8 CBT sessions is not medically necessary.