

Case Number:	CM15-0039277		
Date Assigned:	03/09/2015	Date of Injury:	04/17/1997
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 58-year-old female sustained an industrial injury on 4/17/97. She subsequently reported left knee and left shoulder pain. Diagnostic testing included X-rays and MRIs. Treatments to date have included physical therapy, behavior therapy and prescription pain medications. The injured worker has ongoing complaints of fatigue, anxiety and insomnia. On 2/5/15, Utilization Review non-certified a request for Cognitive Behavior Therapy weekly x 52 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy weekly x 52 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Behavioral Therapy.

Decision rationale: The ODG recommends cognitive behavioral therapy for an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, a total of 13-20

visits over 13-20 weeks" may be provided. Based on this guideline, the request for 52 CBT sessions exceeds the recommendation and is therefore, not medically necessary.