

Case Number:	CM15-0040566		
Date Assigned:	03/10/2015	Date of Injury:	05/20/2013
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: Texas
 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 39-year-old male who reported injury on 05/20/2013. The mechanism of injury was not provided. The diagnoses included pain in joint of left hand, chronic pain syndrome, chronic post-traumatic stress disorder, and recurrent moderate major depression. Prior therapies included cognitive behavioral therapy and medications. The documentation of 12/04/2014 revealed the injured worker had a necessity for 12 sessions to treat chronic pain, depression, and post-traumatic stress disorder. It was noted the injured worker's symptoms had led to a significant withdrawal and passivity with decreased self-care activities and limited functional ability. The injured worker reported continued struggles with accepting the chronic condition without becoming hopeless, helpless, and fearful. The injured worker was noted to have made significant treatment gains including the injured worker was willing and motivated to try psychopharmacological invention, it was noted the injured worker had benefited from it and the injured worker demonstrated commitment to trying new ways of improving his condition. Additionally, the injured worker indicated he would like to re-enroll in school post surgically to begin a new career. The physician opined that during the injured worker's psychological evaluation and CBT sessions, it appeared that the injured worker required additional individual psychological treatment and the request was made for 12 additional cognitive behavioral therapy sessions. The injured worker had undergone 12 sessions. Medications were not provided. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Online Edition, Chapter: Mental Illness & Stress Psychotherapy Guidelines, 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 & Stress Chapter, Cognitive behavioral therapy (CBT).

Decision rationale: The Official Disability Guidelines indicate that up to 13 to 20 visits are appropriate and for cases of severe major depression or PTSD up to 50 sessions are appropriate if progress is being made. The physician documentation indicated that progress was being made. However, there was a lack of documentation of exceptional factors to support the necessity for 12 additional sessions. There was a lack of documentation of significant improvement. The testing was not provided for review to indicate the injured worker had made progress. Given the above and the lack of documentation of objective findings, the request for 12 cognitive behavioral therapy visits is not medically necessary.