

Case Number:	CM15-0045547		
Date Assigned:	03/17/2015	Date of Injury:	03/09/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania, Ohio, California
 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 56-year-old female who sustained a work related injury on March 9, 2011, after being hit in the head by a student and losing consciousness. She complained of head, jaw, back and shoulder pain. She reported agitation, anxiety, intrusive thoughts, nightmares and panic attacks, loss of energy, fatigue and concentration problems. She was diagnosed with industrial head trauma, headache, depression, and post concussion, cervicgia and shoulder pain. Treatment included pain medications, acupuncture, anti-inflammatory drugs, and sleep aides and anti-anxiety medications. Electromyogram studies were abnormal. Computed Tomography (CT) of the head was unremarkable. Currently, the injured worker complained of anxiety secondary to chronic back and lower extremity pain, migraines and persistent shoulder pain. The treatment plan that was requested for authorization included outpatient cognitive behavioral therapy (CBT) for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral therapy (CBT) six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS supports an initial trial of 4 visits of cognitive behavioral therapy. The records in this case are those of ongoing pain and functional loss for which cognitive therapy may be indicated but not with 6 initial sessions. Therefore, this request is not medically necessary.