

Case Number:	CM15-0046142		
Date Assigned:	03/16/2015	Date of Injury:	09/06/2013
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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: Massachusetts

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

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 48 year old male, who sustained an industrial injury on 09/06/2013. He complains of chronic pain after a vehicular rollover accident. On provider visit dated 01/20/2015 examination tool Beck Depression Inventory revealed extreme depression. The diagnoses have included post traumatic stress disorder with elements of anxiety, major depressive disorder, chronic pain syndrome associated with both psychological factors and general medical condition, post-concussion syndrome and traumatic brain injury. Treatment to date has included medication, cognitive behavior therapy, neurological consultation and group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Cognitive Behavior Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic pain, PTSD, and the residual effects from a traumatic brain injury. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 13-20 weeks. In this case, the claimant has had cognitive behavioral therapy treatments. The number of treatments requested in addition to those already provided is in excess of guideline recommendations. Therefore, the request is not medically necessary.