

Case Number:	CM15-0046886		
Date Assigned:	03/19/2015	Date of Injury:	01/28/2011
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 54 year-old female with an industrial injury dated 01/28/2011. Her diagnosis includes pain disorder associated with both psychological factors and another medical condition and major depressive episode, severe without psychotic features. She has been treated with medications. In a progress note dated 02/06/2015 the physician reports that her response to treatment is variable and her mood, although improved is not stable. The physician requested a referral for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for cognitive behavioral therapy with a therapist in the MPN QTY: 1.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 01/28/11 and presents with hand pain, neck pain, anxiety, and depression. The request is for a CONSULTATION FOR COGNITIVE BEHAVIORAL THERAPY WITH A THERAPIST IN THE MPN (quantity not indicated). There is no RFA provided and the patient is permanent and stationary. There is no indication of how many sessions of cognitive behavioral therapy the patient has already had or when these sessions took place. For cognitive behavioral therapy, the MTUS Guidelines page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient is diagnosed with pain disorder associated with both psychological factors and another medical condition and major depressive episode, severe without psychotic features. The utilization review denial letter states, There is some indication that the unspecified number of visits already received has resulted in some slight functional improvement. In this case, the behavioral therapy reports are not provided for review and it is not clear how many sessions the patient has already had in total. The treating physician does not provide documentation of functional improvement from prior sessions to consider additional treatment. Furthermore, the treating physician does not explain why a consultation is needed when the patient already had psychotherapy in the past. The requested consultation for cognitive behavioral therapy IS NOT medically necessary.