

Case Number:	CM15-0082053		
Date Assigned:	05/04/2015	Date of Injury:	07/16/2013
Decision Date:	06/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

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

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 63 year old male with an industrial injury dated 7/16/2013. The injured worker's diagnoses include post-traumatic stress disorder, major depressive disorder, recurrent episode, partial remission and alcohol use disorder. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 4/10/2015, the injured worker reported inability to sleep well during the morning, depressed mood, poor concentration, low energy, irritability, anxiety with somatic and visceral symptoms, intrusive thoughts about accident and guilt feelings. Objective findings revealed neutral mood, calm cooperative demeanor with no delusions, no paranoid ideation, intrusive thoughts or suicidal ideation. The treating physician prescribed services for individual cognitive behavioral therapy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral therapy, weekly, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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

Decision rationale: Individual cognitive behavioral therapy, weekly, 6 sessions is not medically necessary as written per the MTUS Guidelines. The MTUS support cognitive behavioral therapy. The MTUS supports an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request as written exceeds the 3-4 session recommended trial therefore the request as written for 6 sessions of cognitive behavioral therapy is not medically necessary.