

Case Number:	CM15-0085567		
Date Assigned:	05/08/2015	Date of Injury:	11/15/2011
Decision Date:	06/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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 43 year old female, who sustained an industrial injury on 11/15/2011. On provider visit dated 04/21/2015 the injured worker has reported some depression and anxiety as well as increased pain. On examination, the injured worker was noted as agitated style of depression that included irritability, autonomic arousal, anxiety and catastrophic ideation. The diagnoses have included major depressive disorder, single episode, mild to moderate, generalized anxiety disorder, pain disorder associated with psychological factors, biofeedback sessions, functional restoration program and general medical condition: chronic. Treatment to date has included cognitive behavioral therapy session, medication and home exercise program. The provider requested cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23.

Decision rationale: MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend 6 initial visits without documented functional improvement. The patient has received significant psychotherapy without demonstrated functional improvement from treatment already rendered. The Cognitive behavioral therapy QTY: 6.00 is not medically necessary and appropriate.