

Case Number:	CM13-0039611		
Date Assigned:	12/20/2013	Date of Injury:	10/30/1997
Decision Date:	03/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 California MTUS Chronic Pain Medical Treatment Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of previous cognitive behavioral therapy sessions. However, there is no documentation of the number of previous cognitive behavioral therapy sessions completed to date to determine if guidelines has already been exceeded or will be exceeded with the additional request. Furthermore, there is no documentation of objective functional improvement with previous sessions. Therefore, based on guidelines and a review of the evidence, the request for 8 individual cognitive behavioral therapy sessions is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 individual cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy and California Chronic Pain Medical Treatment Guidelines (May 2009).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of previous cognitive behavioral therapy sessions. However, there is no documentation of the number of previous cognitive behavioral therapy sessions completed to date to determine if guidelines has already been exceeded or will be exceeded with the additional request. Furthermore, there is no documentation of objective functional improvement with previous sessions. Therefore, based on guidelines and a review of the evidence, the request for 8 individual cognitive behavioral therapy sessions is not medically necessary.