

Case Number:	CM13-0061416		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2013
Decision Date:	03/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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 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/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:

This patient is a 59 year old female who reported an injury on 9/12/13 while working as a career development representative for [REDACTED]. At that time, she was lifting boxes, and carrying charts and files. While driving home, pain symptoms and dizziness became more pronounced with burning pain felt in the back of her neck and radiating down both shoulders and into her back and lower extremities. The medical records state that she appeared very tearful in meetings. She stated at the time that she felt overworked, and at one time there she was demoted with a pay cut. As a result, she stated that she developed sleep difficulties, depression, and anxiety. There were several mentions of her being diagnosed with major depressive disorder, single episode, mild; generalized anxiety disorder (GAD); insomnia related to GAD; and stress-related physiological response affecting GI disturbance and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

cognitive behavioral group psychotherapy once a week for twelve weeks: 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 Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that with an initial trial of 3-4 cognitive behavioral therapy sessions is recommended over a two week period; with documented evidence of objective functional improvement, a total of 6-10 visits over a 5-6 week period can be used. In this case, the request for 12 visits exceeds initial guideline recommendations; the initial trial must be done first and objective functional improvement must be documented before further sessions can be authorized if needed. As such, the request is noncertified.