

Case Number:	CM14-0101793		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2013
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Board Certified in Psychiatry 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 is a 43-year-old male with an 8/3/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/11/14, the patient reported increased pain levels which have decreased his functional ability and increased his sadness. He expressed constant anxiety and anger about his injury. He also reported short-term memory issues and difficulty concentrating, along with sleep disturbance and fatigue. The patient has completed 12 psychological treatment sessions in all. The patient was hopeful of "handling" work but since returning for almost 2 months, he now expresses hopelessness and low self-esteem. Objective findings: deficits in concentration and short-term memory, anxiety and depression noted with constricted affect, cries on occasion when overwhelmed, patient reported experiencing visual and auditory hallucinations on occasion, sleep and appetite disorder with deficits in energy, concentration, and interest. Diagnostic impression: post-traumatic stress disorder, major depressive disorder, insomnia related to major depression, personality disorder, pain disorder associated with both psychological factors and a medical condition. Treatment to date: medication management, activity modification, psychotherapy. A UR decision dated 6/5/14 modified the request for 6 additional psychotherapy sessions to 4 sessions. Since the patient has previously received 12 sessions and made objective functional progress, it is medically necessary for the patient to continue treatment at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional weekly Cognitive Behavioral Psychotherapy: 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) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "fundamental to cognitive therapy is the premise that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress." In addition, with evidence of objective functional improvement, ODG supports a total of up to 13-20 visits over 13-20 weeks. It is noted that the patient has completed 12 psychotherapy sessions as of the 4/11/14 progress note. However, there is no documentation of functional improvement. It is documented that the patient's functional abilities have decreased and he has increased sadness due to his pain. Therefore, the request for Six (6) Additional weekly Cognitive Behavioral Psychotherapy was not medically necessary.