

Case Number:	CM14-0145376		
Date Assigned:	09/12/2014	Date of Injury:	08/24/1999
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 64 year old female who reported an injury on 08/25/1999. The mechanism of injury was not specified. Her diagnoses included major depressive disorder and generalized anxiety disorder. Past treatments included 9 sessions of cognitive behavioral therapy and a spinal cord stimulator trial. Her diagnostics and surgeries were not provided. On 06/19/2014 the injured worker reported she tried to remain active and noticed increased neck pain. It was noted that she completed 9 of the 10 authorized cognitive behavioral therapy sessions. Objective findings revealed the injured worker was relaxed. Her medications were noted as Prozac, Norco, Neurontin, Ambien, and Prilosec. The treatment plan was for 5 Cognitive Behavioral Therapy Sessions. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 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 - Chronic Pain, Cognitive behavior therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, Cognitive behavioral therapy (CBT).

Decision rationale: Based on the clinical information submitted for review, the request for 5 Cognitive Behavioral Therapy Sessions is not medically necessary. As stated in the Official Disability Guidelines, the recommended number of visits is up to 13-20 if progress is being made. The injured worker reported she was trying to remain active with volunteer work. It was noted she had completed 9 of the 10 authorized visits of cognitive behavioral therapy. Although the physician noted that the injured worker was relaxed during the appointment, there was a lack of information showing that she had made improvement in her symptoms or quality of life with previous therapy. There was insufficient information to determine what her mood baseline was and if there was any advancement in her symptoms. Without documentation of the prior therapy to verify progress was being made, the request for additional therapy is not supported. As such, the request for 5 Cognitive Behavioral Therapy Sessions is not medically necessary.