

Case Number:	CM14-0159011		
Date Assigned:	10/02/2014	Date of Injury:	05/28/2013
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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:

Injured worker is a 58 year old female with date of injury 5/28/2013. Date of the UR decision was 9/22/2014. She encountered a knee medial meniscus tear when she stumbled on a box and fell while carrying some equipment. Report dated 8/31/2014 suggested that her pain level was a 7 every day and she had been undergoing treatment with Cognitive Behavior Therapy for chronic pain. Psychiatrist report dated 5/27/2014 suggested that she was profoundly depressed, was experiencing difficulty getting her medications filled and was being provided with samples of Viibiyd, Fanapt and Trazodone. It was suggested that she had been authorized for 6 sessions of cognitive behavioral therapy visits and had been attending the sessions. The documentation does not indicate any evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) Cognitive Behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has been authorized for 6 sessions and has been attending them. However, there is no mention of "objective functional improvement". The request for unknown number of additional sessions of Cognitive Behavioral therapy sessions is not clinically indicated as the guidelines recommend a total of up to 6-10 visits over 5-6 weeks (individual sessions). Therefore, the request for five (5) Cognitive Behavioral therapy sessions is not medically necessary.