

Case Number:	CM14-0181376		
Date Assigned:	11/06/2014	Date of Injury:	08/02/2012
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 licensed in Psychology 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:

According to the records as they were provided for this IMR, this patient is a 46 year old female who reported an industrial injury that occurred on August 2, 2012 during her normal work duties as a food preparation service hotel worker for [REDACTED]. The mechanism of injury was reported as a slip and fall accident that occurred while she was pouring water on the boiled eggs, tripped over a plastic tray on a slippery floor, striking her knees, the tray broke through her pants and injured her leg when she fell on it. She reported immediate pain in the right ankle, right knee, right hand, neck, low back, right upper extremity and shoulder. Pain interferes with sleeping and activities of daily living including housework lifting, and running and dancing. She reports feeling depressed daily because of the injury and has had weight gain, feelings of powerlessness, loss of motivation for chores and self-care such as to get dressed and fix her hair and be socially isolative. She reports decreased libido and energy level and concentration. She has been prescribed Effexor and Trazodone. Wellbutrin was discontinued with a worsening of her depression so it was restarted. A partial list of her medical diagnoses includes cervicalgia, right shoulder impingement, bilateral knee, and internal derangement. Psychiatrically, she's been diagnosed With Major Depressive Disorder, Single Episode, Moderate and Insomnia related to Chronic Pain and Depression. According to UR discussion she has had at least 15 sessions of CBT. A QME notation for September 3, 2013 mentions that she feels like she is benefiting from group therapy. She has also received transcranial magnetic stimulation treatment for depression and reported adverse effects and did not want to continue with that. A group cognitive behavioral therapy session note states that the patient is "benefiting from group therapy and should continue to attend" Session topic was mention as psycho-educational anger management skills with homework for tracking angry thoughts. There was no indication of objective functional improvement. There were no treatment goals with expected dates of completion. A request was

made for 6 sessions of cognitive behavioral therapy, the request was non-certified; this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT 6 Cognitive Behavioral Therapy (CBT) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines

Decision rationale: With respect to this request for 6 additional treatment sessions of cognitive behavioral therapy, the records provided do not support this request is being medically necessary. Although there were substantial and detailed progress notes from the patient's treating psychiatrist, and these notes did indicate patient improvement as a result of medication, there were virtually no treatment progress notes regarding her treatment sessions of cognitive behavioral therapy. Three progress notes were found, however these did not discuss functional gains or lasting improvements that were achieved as a result of the cognitive behavioral therapy. No details regarding the treatment plan was provided other than "patient to continue treatment." According to the MTUS guidelines patients may have up to 6-10 sessions, and according to the official disability guidelines patients may have 13-20 sessions if progress is being made. The quantity of sessions the patient is already had was unclear, although the utilization review discussion did suggest at least 15, treatment notes indicate that she has been participating in cognitive behavioral therapy since at least September 2013, but the actual start date neither is unclear nor is it clear how frequently she has been attending. Although there is a note stating that the patient reports benefiting from the treatment, the details do not meet the threshold of medical necessity for continued therapy due to insufficient documentation of improvement and the patient already having received a quantity of sessions that falls into the maximum range. The medical necessity of this request has not been established.