

Case Number:	CM13-0062682		
Date Assigned:	03/03/2014	Date of Injury:	05/25/2010
Decision Date:	03/26/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of 5/25/10. A utilization review determination dated 12/6/13 recommends non-certification of CBT. 9/12/13 medical report identifies that the patient feels depressed with bouts of tearfulness, isolation from others, neurovegetative deficits, poor memory, and a general neglect of her hygiene and daily tasks, as well as difficulty getting out of bed. She received a course of psychological and psychiatric treatment, but it was discontinued in 2011. Reinstatement of treatment was recommended, including psychotherapy sessions weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY OVER THREE MONTHS QUANTITY 13.00:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

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 and Stress Chapter, Cognitive therapy for depression

Decision rationale: Regarding the request for COGNITIVE BEHAVIORAL THERAPY OVER THREE MONTHS QUANTITY 13.00, California MTUS does not specifically address the issue for depression. ODG notes that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, with up to 13-20 visits over 7-20 weeks (individual sessions) recommended if progress is being made. They note that the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Within the documentation available for review, there is documentation of symptoms consistent with depression. However, the requested number of visits exceeds the number supported by ODG for a trial such that treatment success or failure can be identified early and the appropriate treatment strategy employed. Unfortunately, there is no provision to modify the current request to the amount supported during the trial. In light of the above issues, the currently requested COGNITIVE BEHAVIORAL THERAPY OVER THREE MONTHS QUANTITY 13.00 is not medically necessary.