

Case Number:	CM14-0216475		
Date Assigned:	01/06/2015	Date of Injury:	07/03/2012
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Psychologist

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 48 year old female who sustained a work related injury July 3, 2012, described as musculoskeletal injuries which became progressively aggravated as she continued to work. Past medical history includes a diagnosis of irritable bowel syndrome. A primary treating physician's report dated September 24, 2014, documents the injured workers diagnoses as chronic cervical sprain/strain with myofascitis, cervical disc protrusion cervical spine degenerative disc disease, cervical stenosis, left periscapular strain, left shoulder trapezial myofascitis, thoracolumbar strain, and chronic with radiating symptoms. Treatment plan included requests for acupuncture, continued medications and chiropractic treatment. According to a psychological re-evaluation performed November 20, 2014, due to the emotional impact of the injury she requires at least one additional year of antidepressant medication and intermittent psychotherapy. The physician further documents past history included a work related injury (with another company) to the lower back in 1995 with return to work recovered and in 2000 treated for approximately six months with fewer than 10 sessions of counseling and medications for depression and anxiety after frustration with employment. After an on the job motor vehicle accident on July 3, 2012, the injured worker experienced neck pain and anxiety and after seeking legal counsel sought other medical care and was found temporarily totally disabled October 8, 2012. On April 17, 2013, the injured worker was officially terminated from employment. Further documentation reveals the injured worker sees one physician for pain management and another for gastrointestinal issues. She now complains of occasional panic attacks and too anxious to leave her home. A physician's notation dated December 4, 2014, reveals her tension is still

pronounced and she continues to take Valium and Doxepin with response to medications as fair. Diagnoses are documented as panic disorder and depression with treatment to include continued medication and therapy. Work status is considered permanent disability. According to utilization review performed December 16, 2014, 12 sessions of Cognitive Behavioral Psychotherapy is non-certified. MTUS Chronic Pain Guidelines for Behavioral Interventions; cognitive behavioral therapy, recommends a total of up to 6 to 10 visits over 5 to 6 weeks with evidence of objective functional improvement. Recommendations for individual sessions are; initial trial of 3 to 4 psychotherapy visits over 2 weeks. The injured worker started cognitive behavioral therapy July 25, 2013, and has completed approximately 75 sessions for the year 2014. According to documentation the injured worker has plateaued. Therefore, the request for 12 sessions of cognitive behavioral psychotherapy is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy; 12 sessions: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines, Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update.

Decision rationale: According to the Official Disability Guidelines, most patients may receive a course of psychological care consisting of 13-20 sessions maximum. In cases of severe major depression or PTSD (posttraumatic stress disorder) additional sessions may be indicated up to a maximum of 50 as long as progress is being made. The medical records provided for this requested 12 additional sessions indicate that the patient has already received at least 75 psychological treatment sessions. Because the requested 12 sessions exceeds the recommended maximum quantity of sessions, which is reserved in only the most severe situations of psychological symptomology, the request exceeds guideline recommendations for quantity of treatment. Because the request exceeds recommended guideline maximums the medical necessity is not established on this basis. Because the medical necessity is not established, the utilization review determination for non-certification is upheld.