

Case Number:	CM14-0217894		
Date Assigned:	01/07/2015	Date of Injury:	01/24/2000
Decision Date:	03/23/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 52 year old man sustained an industrial injury on 1/24/200. The mechanism of injury is not detailed. Current diagnoses include lower leg osteoarthritis and pain in joint of lower leg, pelvic region and thigh. Treatment has included oral medications, surgical intervention, and psychotherapy. Provider notes dated 9/3/2014 show additional sessions of cognitive behavioral psychotherapy are recommended as the combination of monthly psychotherapy and psychiatric medications has improved the worker's psychiatric condition and maintained improvement as he faced additional stressors due to his physical condition. He continues to list the ways he has seen functional improvement displayed due to this regimen including improved energy and motivation, improved concentration, improved emotional control, improved stress tolerance, improved memory, improved activities of daily living, improved appetite, resumption of interpersonal interactions, helping with household tasks, and he has resumed driving. On 11/29/2014, Utilization Review evaluated a prescription for two sessions of cognitive behavior therapy that was submitted on 12/29/2014. The UR physician noted the provider stated that the worker has reached maximum medical improvement. Further, documentation shows the worker has received 20 sessions of psychotherapy already and is able to only perform basic minimal tasks. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two cognitive behavioral therapy psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): page(s) 23, 100-102. Decision based on Non-MTUS Citation Mental illness & stress, Cognitive therapy for depression

Decision rationale: The submitted documentation suggests that the injured worker has received 20 sessions of psychotherapy already and is able to only perform basic minimal tasks. The MTUS guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions), with evidence of objective functional improvement from the initial trial for chronic pain. ODG Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The injured worker has already exceeded the number of sessions per MTUS recommendations and has completed the maximum number of sessions per ODG and there is no documented evidence of objective functional improvement. The request for any further psychotherapy treatment is not clinically indicated. Thus, the request for Two cognitive behavioral therapy psychotherapy is not medically necessary.