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| Case Number: | CM14-0219062 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 04/09/2011 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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. 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:

This 59 year old woman sustained an industrial injury on 4/9/2011 resulting in a transient ischemic event. The mechanism of injury was not described. Psychotherapy notes dated 8/11/2014 show the worker experiencing depression and hopelessness due to her current physical, living, and emotional situations. The physician recommends a trial of cognitive behavior therapy with the potential for more visits if successful. Therapist notes dated 9/27/2014 and 11/24/2014 show that the worker is benefitting from the service provided in multiple ways. On 12/30/2014, Utilization Review evaluated a prescription for ten additional sessions of cognitive behavior therapy submitted on 12/31/2014. The UR physician noted that the worker did show functional improvement with cognitive behavior therapy and requires further treatment to stabilize her condition, however, the request was modified to six additional sessions. The MTUS, ACOEM Guidelines, or ODG was cited. The request was 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:

Ten (10) sessions of Cognitive Behavioral Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2015 update

Decision rationale: According to the official disability guidelines, a course of psychological treatment consisting of 13-20 sessions for most patients is recommended. In some cases of severe major depression or PTSD additional sessions up to a maximum of 50 can be offered as long as treatment progress is being made. Based on the records provided, the patient does appear to be experiencing severe depression and is making progress in her treatment and therefore additional sessions appear to be warranted. According to a treatment progress note from the therapist providing psychological care, dated November 12, 2014 listed as session number 7, the patient is still reporting severe depression and frequently sad and tearful but is using the cognitive behavioral therapy skills and seeing some improvement in her emotional health. It is also noted that she is taking positive actions in her life. Earlier treatment progress notes reflect a level of severity in her depression signified by suicidal thoughts and a specific plan of action, but no intention of carrying the action out due to concerns of hurting her daughter and family. The total number of sessions at the patient has received to date was not clearly stated and needs to be done so on any request for additional sessions however it was estimated based on the timeline of her injury and prior sessions do not appear to exceed the recommended treatment guidelines as stated. Therefore because the patient appears to be receiving benefit from treatment and because the total number of sessions received to date does not appear to exceed guidelines, the treatment request appears to be medically necessary and appropriate; therefore the request to overturn the utilization review decision is approved.