

Case Number:	CM15-0006445		
Date Assigned:	01/21/2015	Date of Injury:	04/02/1990
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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: Texas

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 63-year-old female who reported an injury on 04/02/1990 after a fall from a ladder. The injured worker's diagnoses included chronic pain and reactive depression. The injured worker's treatment history included medications, activity modifications, a back brace, physical therapy, trigger point injections, medial branch blocks, and radiofrequency ablation. The injured worker's surgical history included 2 cervical/spine surgeries, TMJ surgery of the left jaw, right shoulder surgery, and bilateral carpal tunnel repair. The injured worker underwent a psychological assessment on 11/17/2014. The injured worker had psychological complaints of emotional weakness. The injured worker scored a 23 on a PAS assessment indicating the injured worker is at moderate risk for clinical problems. The injured worker scored a 13 the Beck Anxiety Index indicating moderate anxiety. The injured worker's treatment plan included 12 outpatient cognitive behavioral therapy and pain management sessions. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 x week, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The requested cognitive behavioral therapy 1 x week, 12 sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a clinical trial of cognitive behavioral therapy of 3 to 4 sessions to established efficacy of treatment. The clinical documentation submitted for this review does not provide any evidence that the injured worker has undergone any type of cognitive behavioral therapy previously. Therefore, a trial of cognitive behavioral therapy would be supported in this clinical situation. However, the request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested cognitive behavioral therapy 1 x week, 12 sessions is not medically necessary or appropriate.