

Case Number:	CM15-0170479		
Date Assigned:	09/11/2015	Date of Injury:	01/15/2012
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/29/2015

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: 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 29 year old female, who sustained an industrial injury on 1-15-12. The injured worker was diagnosed as having right scapula fracture, posttraumatic stress disorder and lesion of ulnar nerve. The physical exam (1-12-15 through 6-2-15) revealed right scapula tenderness, full right shoulder range of motion with pain and full right elbow range of motion. Treatment to date has included physical therapy, an EMG-NCS on 10-11-12 showing cervical radiculopathy, acupuncture, chiropractic treatments, Motrin and Norco. As of the PR2 dated 8-6-15, the injured worker reports difficulty sleeping and worrisome thoughts and feelings. She noted that she had to eventually stop working because the physical demands of the jobs caused her to feel miserable. The treating physician requested cognitive behavioral therapy x 26 sessions. On 8-11-15, the treating physician requested a Utilization Review for cognitive behavioral therapy x 26 sessions. The Utilization Review dated 8-18-15, modified the request for cognitive behavioral therapy x 26 sessions to cognitive behavioral therapy x 4 sessions. The physician reviewer cited the MTUS chronic pain medical treatment guidelines, behavioral interventions, and psychological treatment and ODG guidelines for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (26 treatments or once per week for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: Based on the review of the medical records, the injured worker completed an initial psychological assessment with [REDACTED] in August 2015. In the report, [REDACTED] recommended follow-up psychotherapy services, for which the request under review is based. The ODG recommends the use of psychotherapy in the treatment of depression. It recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 26 visits exceeds the number of initial sessions set for by the ODG. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.