

Case Number:	CM15-0064229		
Date Assigned:	04/10/2015	Date of Injury:	09/21/2011
Decision Date:	05/22/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

The injured worker is a 54 year old female whose date of injury is 9/21/11. She reported symptoms in the neck, back, bilateral upper and lower extremities. She was diagnosed with multiple sprain/strains of the cervical and thoracic spines, bilateral elbows, bilateral wrists, bilateral hips, bilateral knees, and bilateral ankles. She also has lumbar disc protrusion. Treatments to date have included physical therapy, nonsteroidal anti-inflammatory drugs, and extracorporeal shockwave therapy. She currently complains of pain in the neck, back, bilateral upper and lower extremities. There is a QME of 01/25/2015 indicating that the patient's diagnosis is depression NOS with anxiety, chronic. She was depressed and anxious, with poor sleep, and feelings of hopeless, helplessness, and increased irritability, as well as a sense of despair about her situation. Objectively mood appeared anxious. UR of 03/04/15 modified a request for 12 sessions of CBT to four sessions, and modified a request for psychopharmacology consultation (initial and follow up) to initial only. No further records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) 12 weekly individual sessions: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

Decision rationale: The patient suffers from depression NOS with anxiety. CBT is recommended for treatment of depression, and psychotherapy with medications has been the "gold standard" of treatment. UR of 03/04/15 certified 4 initial sessions, but it does not appear that the patient has used these sessions to date. For further services to be certified objective functional improvement must be shown. This request is therefore not medically necessary.

Psychopharmacology consultation (initial and follow up): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The patient has been suffering from depression NOS with anxiety, chronic, and has been certified for one psychopharmacologic consultation. Her symptoms warrant this as she may benefit from pharmacotherapy. Per ACOEM, referral is recommended when an individual reports continuing symptoms of over 6-8 weeks. This request is therefore medically necessary.