

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0023975	Date of Injury:	08/08/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/15/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
COGNITIVE BEHAVIORAL THERAPY 1X/WEEK FOR 12 WEEKS			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has a subspecialty in ASAM Addiction Medicine, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is 57 year old female who suffered a work related neck injury in August 2005. She has had four neck surgeries over the last four years. In addition she had symptoms of depression and has been diagnosed as having a Major Depressive disorder. She is currently in treatment with [REDACTED] M.D. psychiatrist and an associated [REDACTED] intern. She is currently being treated medically with Cymbalta, Abilify, Nuvigil, Klonopin, and Ambien by the treating psychiatrist. (In addition, it should be noted that she is also being prescribed a narcotic, Norco, which when taken on a regular basis may contribute to her noted lack of energy and complaints of depression.) A request for 12 Cognitive Behavioral Therapy (CBT) sessions was modified and approved for 6 sessions distributed once weekly for six weeks on 8/15/13 per the ODG chapter on Mental Health and Stress. California MTUS does not specifically address CBT as treatment for depression. Currently Dr. [REDACTED] per his letters dated November 6, 2013 and November 13, 2013 is requesting that additional CBT sessions be approved. In addition, since the last review, there were psychiatric/psychological progress notes, which were carefully reviewed, dated 8/31/13, 9/4/13, 9/30/13, 10/22/13 and 10/30/13. While the clinical notes outline what was done in each session, what the treatment goals were, and some brief mental status findings, there were no clear sequential indications of "functional improvement" per the ODG guidelines.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. cognitive behavioral therapy 1x/week for 12 weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Mental Health and Stress Chapter, Cognitive Behavioral Therapy for Depression and Psychotherapy sections, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the MTUS section 9792.20, definitions, and the Official Disability Guidelines (ODG), Mental Health and Stress Chapter, Cognitive Behavioral Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The clinical notes outline what was done in each session, what the treatment goals were, and some brief mental status findings, however there were no clear sequential objective indications of "functional improvement" per the ODG guidelines. In addition it was noted in the clinical notes regarding mental status findings, that "affect congruent to mood" was regularly mentioned. However, there are no specific objective clinical findings noting her "mood". As per CA MTUS 9792.20, Medical Treatment Utilization Schedule-Definitions, Page 1 "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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