

Case Number:	CM13-0008036		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2011
Decision Date:	03/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/06/2013

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 Psychology, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50 year-old male with a date of injury of 7/10/11. According to medical reports, the claimant sustained an injury to his back when he twisted it while moving a dresser into a bedroom. He sustained this injury while working as a mover for [REDACTED]. In a progress note written by [REDACTED] on 9/12/13, the claimant is diagnosed with: (1) lumbar disc displacement without myelopathy; (2) Pain in joint, lower leg; and (3) Unspecified major depression, recurrent. He has been medically treated via medication, massage, physical therapy, acupuncture, injections, a TENS unit, and surgery. Additionally, the claimant sustained an injury to his psyche secondary to his work-related medical injury. In her "Psychological and Behavioral Evaluation" dated 6/25/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe; (2) Anxiety disorder NOS; and (3) Pain disorder associated with general medical condition and psychological factors. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy one (1) time a week for twelve (12) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Cognitive Behavioral Therapy Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines, Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression. Therefore, the Official Disability Guideline regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant received an initial psychological evaluation from [REDACTED] on 6/25/13. It is mentioned in the report that the claimant has not received any psychological services prior to the evaluation. Therefore, the request for "Cognitive Behavioral Therapy one (1) time a week for twelve (12) weeks" is an initial request for services. According to the ODG, it is recommended that there be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Based on this guideline, the request for 12 sessions exceeds the recommended number of initial sessions as set forth by the ODG and is non certified.