

Case Number:	CM13-0010136		
Date Assigned:	09/24/2013	Date of Injury:	08/27/1999
Decision Date:	01/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

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 75 year-old male with a date of injury of 8/27/99. According to medical reports, the claimant was injured in a work related tractor accident and sustained injuries resulting in tetraplegia and quadriplegia. He has received numerous medical and psychological services since the accident. He was initially given a psychiatric diagnosis of adjustment disorder with mixed episodes of depression and anxiety. It is believed by [REDACTED], that the claimant experienced another injury related to the original injury in January 2013. As a result of this new psychiatric injury, [REDACTED] changed his diagnosis on his June 5, 2013 report to Major depressive disorder, single episode, severe, with psychotic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy (unknown frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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: It is evident from the medical reports that the claimant has been receiving psychological services from [REDACTED]. However, it is unclear as to how many sessions have actually been completed. It is noted in [REDACTED] 4/22/13 report that the claimant is seen by [REDACTED] on a monthly basis, but there are no correlating notes to confirm this report. The lack of information available regarding the number of completed sessions to date makes it difficult to understand the need for further sessions. Additionally, [REDACTED] PR-2 reports fail to provide any objective functional improvement information. Although this information can be found in some of the supplemental reports, it is not listed on the PR-2 forms themselves. In addition, although [REDACTED] updated the claimant's diagnosis from adjustment disorder to major depressive disorder in his June 5, 2013 report, the authorization requests do not reflect this change, which is an important update for understanding the possible need for further services. Lastly, the request for "cognitive behavioral therapy" remains too vague and does not indicate how many additional sessions are being requested. The Official Disability Guidelines recommend that for the cognitive treatment of depression, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 weeks" may be necessary. The request for "cognitive behavioral therapy (unknown duration)" does not follow these guidelines and is therefore, not medically necessary.