

Case Number:	CM13-0013521		
Date Assigned:	09/25/2013	Date of Injury:	07/02/2008
Decision Date:	01/13/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

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. The Expert Reviewer is licensed 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 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/services.

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 54 - year - old with a date of injury of 7/2/08, which resulted from cumulative trauma involving her lower back, shoulders, neck, and wrists while working as a cancellation specialist. Additionally, she has struggled with several psychological symptoms and has most recently been diagnosed with Major Depressive Disorder, single episode, severe, without psychotic features and pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy Guidelines Chapter.

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.

Decision rationale: The Expert Reviewer's decision rationale: The review of the medical records indicates that the claimant received several years of psychotherapy prior to Dr. [REDACTED]'s psychiatric evaluation dated 9/26/12. Those services appear to have been cognitive behavioral in nature in addition to the utilization of biofeedback. Despite having received those

services in the past, the claimant was authorized to begin new services with [REDACTED] on January 2, 2013 and has completed her initial trial of 6 sessions. According to the Official Disability Guidelines regarding the treatment of depression, it recommends 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 necessary. Based on these cited guidelines, the request for an Final Determination Letter for IMR Case Number CM13-00135213 additional 24 cognitive behavioral therapy sessions exceeds the recommendations put forth by the ODG. The request for 24 sessions of cognitive behavioral therapy is not medically necessary.