

Case Number:	CM13-0014167		
Date Assigned:	09/27/2013	Date of Injury:	09/19/2006
Decision Date:	01/13/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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 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 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. 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 33 year-old male (DOB [REDACTED]) with a date of injury of 9/19/06. According to medical records, the claimant was injured while on the job when he fell backwards approximately 6 feet into a water drain and sustained numerous physical injuries. He has received the following medical diagnoses: lumbar discogenic disease; chronic low back pain; cervical discogenic disease; chronic cervical spine sprain/strain; bilateral carpal tunnel syndrome; and left knee internal derangement. The claimant has also been treated by a psychologist and has the diagnosis of Major Depressive Disorder, single episode, severe, without psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of individual cognitive therapy for psychiatric treatment is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 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.

Decision rationale: The Official Disability Guidelines indicate that cognitive therapy for depression is recommended. The guidelines also indicate that "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" may be necessary. The medical records provided for review indicate that the claimant has completed a total of 12 individual psychotherapy sessions since his initial psychological evaluation by Dr. [REDACTED] on 2/26/13. As a result, the request for an additional 12 sessions of cognitive behavioral therapy exceeds the total number of visits as set forth by the guidelines. The request for twelve (12) sessions of individual cognitive therapy for psychiatric treatment is not medically necessary and appropriate.