

Case Number:	CM13-0019830		
Date Assigned:	12/04/2013	Date of Injury:	05/01/2012
Decision Date:	03/11/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 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 48 year-old female [REDACTED] with a date of injury of 5/1/12. According to medical records, the claimant sustained injury to her psyche while working as a senior financial analyst for [REDACTED]. It is reported that the claimant began experiencing depression and anxiety with panic attacks in addition to headaches and difficulty sleeping due to the excessive work demands placed upon her and the inadequate training in preparation of new computer software. In his "[REDACTED] Complex Evaluation for Sleep Disorder and Related Daytime Impairment" report dated 6/6/13, [REDACTED] diagnosed the claimant with: (1) Depression with anxiety and panic attacks; (2) Headaches, probably tension type related to emotional distress; (3) Sleep initiation and maintenance insomnia secondary to emotional distress and with associated daytime impairment; (4) Comorbid orthopedic condition involving the neck and back; and (5) Cervical radiculopathy involving the left C5, C6 nerve roots to be considered based on the examination. Additionally, in all of his PR-2 reports, [REDACTED] has diagnosed the claimant with: (1) Depressive disorder Not otherwise specified with anxiety and panic feelings now with defensiveness and denial; and (2) Psychological factors affecting medical condition (stress intensified headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, abdominal pain/cramping, and stress-aggravated high blood pressure. She has received both psychological and psychiatric services for these conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines and the AMA Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) will be used as references for this case. Based on the review of the medical records, the claimant has received psychological and psychiatric services from the [REDACTED] since September 2012. These services have consisted of an initial evaluation and follow-up evaluations, individual psychotherapy, group psychotherapy, and medication management. The exact number of completed individual and group psychotherapy sessions is unknown. The ODG discusses continued treatment in terms of "objective functional improvement". Although the claimant is considered permanent and stationary and is not expected to make great objective functional improvements, she appears to have made minimal progress as a result of the services that she has already received. Therefore, the request for an additional 15 sessions appears excessive given the number of services that she has already received. Additionally, the AMA guidelines suggest that "during the continuation phase of treatment, the patient should be carefully monitored for signs of possible relapse. Systematic assessment of symptoms, side effects, adherence, and functional status is essential and may be facilitated through the use of clinician- and/or patient administered rating scales." The request for an additional 15 sessions does not allow for "systematic assessment" and re-evaluation to occur within a timely manner so that treatment goals and interventions can be updated and possibly changed to accommodate the claimant's continued symptoms, progress, etc. As a result of the above cited rationale, the request for an additional "15 sessions of cognitive behavioral therapy" is not medically necessary.