

Case Number:	CM13-0020176		
Date Assigned:	10/11/2013	Date of Injury:	07/13/2002
Decision Date:	01/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 55 year-old male with a date of injury of 7/13/02. Since his work-related injury, he has experienced various medical issues related to his back and has been diagnosed by [REDACTED] with: Syndrome postlaminectomy lum; Sciatica; and Pain psychogenic. Additionally, the claimant has been diagnosed with the following mental health disorder: Major Depressive Disorder, recurrent, severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six additional cognitive behavioral therapy (CBT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 claimant has received an unspecified number of psychotherapy services since his injury in 2002. Based on the medical records, it appears that the claimant has most recently been receiving services at the Pain and Rehabilitation Consultants Medical Group. Per supplied case notes, the services appear to have begun on 11/6/2012 with an initial 10 sessions,

which were completed in May 2013. It appears that an additional 4 sessions were authorized and completed by 6/5/13. Subsequently, 6 more sessions were begun on 6/19/13. Based on these reports, the claimant has completed at least 20 CBT sessions with the Pain and Rehabilitation Consultants Medical Group. According to the ODG, regarding the cognitive behavioral treatment of depression, it is recommended 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 (individual Sessions), may be necessary. Based on these cited guidelines, the request for an additional 6 cognitive behavioral sessions exceeds the recommended total number of sessions set forth by the ODG. As a result, the request for 6 additional cognitive behavioral sessions is not medically necessary. The request for additional CBT is not medically necessary and appropriate.