

Case Number:	CM13-0020219		
Date Assigned:	10/11/2013	Date of Injury:	09/03/2003
Decision Date:	01/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 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.

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 44 year-old injured worker with a date of injury of 9/3/03. According to [REDACTED], the patient has been diagnosed with Depressive Disorder NOS and psychological factors affecting a medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual of group Cognitive behavior psychotherapy every other week, thirteen sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive therapy for depression.

Decision rationale: The Official Disability Guidelines recommend that for the treatment of depression, an "initial trial of 6 visits over 6 weeks" be provided 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 indicates that the requesting physician, [REDACTED] reports that the employee has been receiving psychotherapy services by [REDACTED], and has been able to demonstrate functional improvement. Despite this report, it is unclear from the medical records reviewed as to the number of sessions that the employee has completed. Additionally, it

is noted in the medical records that the employee received therapeutic services from [REDACTED], but there are no records to indicate what services were provided and for what duration. The request for Individual of group Cognitive behavior psychotherapy every other week, thirteen sessions is not medically necessary and appropriate.