

Case Number:	CM13-0020660		
Date Assigned:	12/13/2013	Date of Injury:	07/19/2001
Decision Date:	02/03/2014	UR Denial Date:	08/27/2013
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 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 57 year old male (██████████) with a date of injury of 7/19/01. He has received both physical and psychological services since his injury. He is diagnosed by ██████████ with: (1) Major Depressive Disorder, single episode, severe; (2) Pain Disorder; and (3) Anxiety Disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 individual cognitive behavior therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy

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 CA MTUS does not have guidelines that specifically address the behavioral treatment of depression. As a result, the Official Disability Guidelines will be used for this case. Based on the review of the medical records, the claimant has received numerous services since his injury in 2001. Despite this, he appears to require additional services due to the severity and recent exacerbation of his symptoms. ██████████ provides adequate information to determine the need for further psychotherapy sessions. As a result, the request for "10 individual

cognitive behavior therapy sessions" is medically necessary. It is noted that the claimant did receive authorization for additional sessions following the IMR application and has continued treatment with [REDACTED].