

Case Number:	CM13-0022732		
Date Assigned:	04/25/2014	Date of Injury:	10/25/2011
Decision Date:	06/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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 reported a date of injury of 10/25/11. The claimant sustained an occupational internal medical injury while working as an advanced gastrointestinal technician for [REDACTED]. In his visit note dated 7/31/13, [REDACTED] diagnosed the claimant with: (1) Toxic effect of other substance, chiefly nonmedicinal; (2) Extrinsic asthma with status asthmaticus; (3) Chronic obstructive asthma no status asthmaticus; (4) Other disease of lung, Other; (5) Abdominal pain, unspecified site; (6) Dyspepsia and other specified disorders of function of st; (7) Obstructive sleep apnea; and (8) Extrinsic asthma, with acute exacerbation. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related medical injuries. In his PR-2 report dated 7/22/13, [REDACTED] diagnosed the claimant with Major depression, single episode, moderate to severe, non-psychotic. It is the claimant's psychiatric diagnosis that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY FOUR TIMES PER MONTH TIMES TWELVE MONTHS (48 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN.

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. OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AMA PRACTICE GUIDELINE FOR THE TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER THIRD EDITION (2010).

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression and the AMA Guideline regarding the treatment of patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, the claimant was evaluated by [REDACTED] on 4/22/13 and began psychiatric services in May 2013. The claimant has also been receiving psychological services from MFT, [REDACTED] (supervised by [REDACTED]). However, the total number of completed sessions to date and the progress/improvements from those sessions is unclear. Without having sufficient information about the number of completed sessions and the progress and improvements from such sessions, the need for further sessions cannot be fully determined. Additionally, the request for "cognitive behavior therapy four times per month times twelve months (48 sessions)" is excessive as it does not offer a reasonable amount of time for reassessment to determine the claimant's functioning and the efficacy of the therapeutic services. Therefore, the request for "cognitive behavior therapy four times per month times twelve months (48 sessions)" is not medically necessary and appropriate.