

Case Number:	CM13-0025192		
Date Assigned:	04/25/2014	Date of Injury:	05/18/2007
Decision Date:	06/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 is a 56 year-old male with a date of injury of 5/18/07. The claimant sustained injury to his back when a heavy wall plaque that he was repairing slipped and he tried to hold it up so it would not fall. The claimant sustained this injury while working as a Maintenance Technician for [REDACTED]. In his most recent PR-2 report offered for review, dated 7/30/13, [REDACTED] diagnosed the claimant with: (1) Lumbar poist-laminectomy syndrome status post L2-3, L3-4, and L4-5 posterior lumbar interbody fusion, 2/10/10. (2) Lumbar spinal cord stimulator impant, 1/20/11; (3) Bilateral lower extremity radiculopathy; (4) Right hip ORIF, 2008 - industrial related; (5) Cervical spine sprain/strain syndrome; (6) Cervicogenic headaches; (7) Reactionary depression/anxiety; (8) Medication-induced gastritis. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related physical injury. In his July 30, 2013 Secondary Treating Psychologist's Progress Report (PR-2), [REDACTED] diagnosed the claimant with: Major depressive disorder, recurrent, severe without psychotic features and Pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY SESSIONS X 10: Upheld

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

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 Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] however, it is unclear as to how many sessions have been completed to date and the objective functional improvements of those sessions. In a note dated 2/7/13, it is noted that that the session was session number 6 and that the claimant's progress towards his treatment goals was fair. Other than this progress note, there are no other notes offered for review. The ODG specifically indicate that for the treatment of depression, there is to be an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of 13-20 sessions over 13-20 weeks (individual sessions) may be necessary. Without more information, the need for further sessions cannot be fully determined. As a result, the request for 10 cognitive behavioral therapy sessions is not medically necessary.