

Case Number:	CM13-0025362		
Date Assigned:	11/20/2013	Date of Injury:	10/28/2010
Decision Date:	01/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 34 year-old male (DOB - 4/27/79) with a date of injury of 10/28/10. According to the records reviewed, the claimant was injured during a work related explosion. He sustained numerous physical injuries in addition to a traumatic brain injury (TBI) with subsequent psychological concerns. According to [REDACTED] 8/20/13 psychiatric evaluation and his subsequent PR-2 reports, the claimant is diagnosed with Major Depressive Disorder, Posttraumatic Stress Disorder, Cognitive Disorder NOS (not otherwise specified) associated with TBI, and Chronic Pain Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of cognitive behavioral therapy over the next six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavior therapy.

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 medical records indicate the need for psychological services for the claimant; However, the request for 12 sessions of CBT over 6 months exceeds the initial recommendations put forth by the Official Disability Guidelines. According to the ODG, for the treatment of both depression and PTSD, it is suggested that there is an "Initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. In addition, with regards to PTSD, the ODG states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Based on the above cited guidelines, the request for 12 sessions of cognitive behavioral therapy over 6 months is not medically necessary.