

Case Number:	CM13-0027772		
Date Assigned:	02/05/2014	Date of Injury:	01/04/2012
Decision Date:	04/15/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 48 year-old male [REDACTED] with a date of injury of 1/4/12. According to the medical reports, the claimant sustained injury to his back when his left leg fell through a soft spot in a deck, causing the claimant to land on his buttock. This work-related injury occurred while working as a cable technician for AC Square, Inc. It is also noted that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injury. In the most recent visit note dated 1/14/14, Dr. Jamasbi diagnosed the claimant with: (1) Degeneration lumbar lumbosacral di; (2) Spondylosis lumbosacral; (3) Depression; (4) Unspecified Major depression, recurrent episode; and (5) Generalized anxiety disorder. It is the claimant's psychiatry diagnoses that are 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 behavioral treatment (12 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

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 developed symptoms of depression secondary to his orthopedic injury. He completed a psychological evaluation on 7/25/13 with [REDACTED] and [REDACTED]. In that report, the claimant was diagnosed with Depression and Pain psychogenic NEC. It was recommended that the claimant receive cognitive behavioral therapy sessions to address his psychiatric symptoms. The request being reviewed is the initial request for psychotherapy services following the initial psychological evaluation. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Although the claimant is in need of services, the request for 12 sessions exceeds the total number of initial sessions set forth by the ODG. As a result, the request for "Cognitive behavioral treatment (12 sessions)" is not medically necessary. It is suggested that future requests follow the guideline cited. It is also noted that the claimant did receive a modified authorization of 4 initial sessions in response to this request. He went on to receive additional sessions totaling 10 through January 2014.