

Case Number:	CM13-0030498		
Date Assigned:	11/27/2013	Date of Injury:	08/02/2013
Decision Date:	01/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 physician 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 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 39 year-old female (DOB [REDACTED]) with a date of injury of 8/2/13. According to the medical reports, the claimant sustained a work-related injury to her psyche when she was taunted by her main supervisor and a peer while performing her regular and customary duties of picking berries. She has been diagnosed by [REDACTED] with Major Depressive Disorder with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) cognitive behavioral therapy 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, Psychotherapy 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 Official Disability Guidelines suggest that for the cognitive treatment of depression 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 needed.

Based on the above cited guidelines, the request for "Twelve (12) Cognitive behavioral therapy sessions" exceeds the initial trial set forth by the ODG. As a result, the request for "Twelve (12) Cognitive behavioral therapy sessions" is not medically necessary.