

Case Number:	CM13-0036242		
Date Assigned:	12/13/2013	Date of Injury:	07/17/2008
Decision Date:	04/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Psychiatry and is licensed to practice in Connecticut and New York. 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 patient is a 46-year-old woman with a date of injury of 7/17/2008. The patient hurt her back while transferring a patient, as was her duty as a nurse. The patient is requesting six (6) further cognitive behavioral therapy (CBT) sessions for the management of her adjustment disorder, with anxiety and depressed mood. The patient reports that her pain levels lead her to become "irritable." She had undergone ten (10) sessions of CBT prior to 3/4/2013 at which point an additional six (6) sessions were authorized. A note on 9/23/13 states that she had utilized the six (6) additional sessions and despite being in pain she is planning for her future by participating in furthering her education and practicing yoga. The addition of the activities of education and exercise are examples of improved functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued cognitive behavioral psychotherapy sessions, once a week for six (6) weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary, last updated 05/13/2013, ODG 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, Depression section

Decision rationale: For depression, the Official Disability Guidelines recommend six (6) visits of cognitive behavioral therapy (CBT) over six (6) weeks, and then with functional improvement, a total of up to thirteen to twenty (13-20) visits over thirteen to twenty (13-20) weeks. The patient has until this point received sixteen (16) psychotherapy sessions over the past year with resulting functional improvement. The additional six (6) psychotherapy sessions are medically necessary and appropriate.