

Case Number:	CM13-0040163		
Date Assigned:	12/20/2013	Date of Injury:	12/10/1987
Decision Date:	03/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 an 80 year-old injured worker, with a date of injury of 12/10/87. According to medical records, the claimant was injured while employed with the [REDACTED]. The mechanism of injury cannot be found within the records offered for review. The claimant has been diagnosed by both [REDACTED] and [REDACTED] with the following: (1) Major depressive disorder with psychotic features, single episode; and (2) Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy twice monthly for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: Based on the claimant's date of injury and the fact that they are permanently and totally disabled as a result, the Official Disability Guidelines (ODG) total number of recommended sessions does not apply to this case. The medical records provided for review

indicates that the claimant has been receiving psychological and psychiatric services for a very long time. Despite this, the patient continues to experience continued psychological symptoms. The treating provider presents relevant and appropriate information and literature demonstrating the effectiveness of maintenance therapy and the claimant's need for such services. However, the request for an additional 12 sessions over a 24 week period is excessive as continued assessment of symptoms and functioning should be provided sooner than 6 months. The request for cognitive behavioral psychotherapy twice monthly for 24 weeks is not medically necessary and appropriate.