

Case Number:	CM13-0046177		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2010
Decision Date:	08/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Board Certified in Psychology and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported injury on 07/28/2010. The mechanism of injury was the injured worker stepped on an electrical pipe and fell backwards and caught himself with his right hand, injuring his neck and low back. The case management notes indicated the injured worker had been seen for individual behavioral therapy on 08/16/2013. There documentation indicated the injured worker underwent cognitive behavioral therapy of 6 visits through 10/04/2013. The documentation of 10/04/2013 revealed the injured worker received a score of 39 on the Beck Depression Inventory-II, which was noted to be depression in the severe range. The injured worker endorsed sadness, pessimism, indecisiveness, fatigue, and loss of interest in sex. He endorsed items indicating a significant loss of pleasure in activities, guilty feelings, self-dislike, feeling self-critical, crying, agitation, and a loss of interest in people/activities, loss of energy, sleeping a lot less than usual, irritability, decreased appetite, and difficulty concentrating. The injured worker indicated he had thoughts of killing himself; however, would not carry the thoughts out. The injured worker received a score of 23 on the Beck Anxiety Inventory, indicating a moderate level of anxiety. The diagnosis included major depressive disorder, single episode, severe; and pain disorder. The treatment plan included 8 additional sessions of individual cognitive behavioral therapy for depression and pain disorder, psych testing once a month for 1 hour to track treatment response, and antidepressant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY FOR 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

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 & Stress Chapter, Cognitive Behavioral Therapy (CBT).

Decision rationale: The Official Disability Guidelines indicate in cases of major depression, up to 50 sessions are appropriate if progress is being made. The clinical documentation submitted for review indicated the injured worker had 6 sessions of cognitive behavioral therapy. There was a lack of documentation of objective functional benefit that was received from prior sessions. Given the above, the request for individual cognitive behavioral therapy for 8 sessions is not medically necessary.