

Case Number:	CM13-0050239		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2009
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 53 year-old female with a date of injury of 3/11/09. The claimant sustained injury to her spine and psyche when she was hit by a police car while working for the [REDACTED]. According to the nurse practitioner at [REDACTED], Inc., [REDACTED], the claimant is diagnosed with: (1) Post-traumatic headache, (2) Thoracic sprain/strain; (3) Lumbar degenerative disc disease; and (4) Sacroiliac strain. Additionally, the claimant has been receiving psychiatric services including antidepressant medication from [REDACTED]. In all of his psychiatric progress reports offered for review, [REDACTED] diagnosed the claimant with with Major Depressive Disorder, first episode. It is this psychiatric diagnosis that is 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 therapy (once per week for 6-12 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 & Stress Chapter, Cognitive Therapy for Depression.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines will be used as reference for this case. Based on the review of the medical records, particularly, [REDACTED] reports, the claimant would benefit from cognitive behavioral psychotherapy with a Chinese speaking therapist. It does not appear that she has received any psychotherapy to address her depression. 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. Since the claimant has yet to receive any services, the request for cognitive behavioral therapy exceeds the initial trial of sessions set forth by the ODG. As a result, the request is not medically necessary.