

Case Number:	CM13-0050883		
Date Assigned:	01/29/2014	Date of Injury:	08/02/2004
Decision Date:	05/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice 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 48-year-old female who reported an injury on 08/02/2004. The mechanism of injury was not provided for review. The injured worker was evaluated on 04/09/2013. It was documented that the injured worker had severe levels of anxiety and depression, as evidenced by a Beck Depression Index score of 40 and a Beck Anxiety Index score of 34. No other recent psychological evaluation for the injured worker was provided. A request for cognitive behavioral psychotherapy 1 time a week for 24 weeks was made. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY(1X/WEEK FOR 24 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOR MENTAL ILLNESS AND STRESS REGARDING COGNITIVE THERAPY AND DEPRESSION

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 Expert Reviewer's decision rationale: The requested cognitive behavioral psychotherapy at 1 time a week for 24 weeks is not medically necessary or appropriate. The clinical documentation that was submitted for review does indicate that the injured worker has a long-standing history of psychological interventions. However, there was no recent documentation to support continued deficits that would benefit from additional psychotherapy. Additionally, the specific number of psychotherapy treatments to date that the injured worker had participated in was not submitted for review. Therefore, the appropriateness of this request cannot be determined. The California Medical Treatment Utilization Schedule does not address psychotherapy treatments for major depressive disorder. However, the Official Disability Guidelines recommend up to 50 psychotherapy treatments for major depressive disorder and post-traumatic stress disorder. However, as the injured worker's treatment history is not clearly outlined in the submitted documentation, the need for additional psychotherapy treatment cannot be determined. As such, the requested cognitive behavioral psychotherapy (1 time a week for 24 weeks) is not medically necessary or appropriate.