

Case Number:	CM13-0051412		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2008
Decision Date:	12/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 year-old female [REDACTED] with a date of injury of 4/1/08. The claimant sustained injury to her right ringer finger resulting in a partial amputation. The claimant sustained this injury while working for [REDACTED]. Secondary to her orthopedic injury, the claimant developed psychiatric symptoms and was referred to psychologist, [REDACTED]. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/30/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Post-traumatic stress disorder - acute, in partial remission; (4) Insomnia related to anxiety disorder NOS and chronic pain; and (5) Stress-related physiological response affecting headaches. The request under review is based on [REDACTED]' recommendation for an initial 12 CBT psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy 1 X per week for 12 Weeks Qty: 12.00: 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, ODG Psychotherapy Guidelines

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was referred to psychologist, [REDACTED], due to experiencing psychiatric symptoms of depression and anxiety. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/30/13, [REDACTED] recommended 12 weeks of "cognitive-behavioral group psychotherapy" as well as 12 weeks of "hypnotherapy and relaxation". Despite these recommendations, the ODG indicates that for the treatment of depression, there is to be "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given this information, the request for an initial 12 sessions exceeds the ODG recommendation. As a result, the request for "cognitive behavioral psychotherapy 1 x per week for 12 weeks Qty: 12.00" is not medically necessary.