MAXIMUS Federal Services

Case Number:	CM13-0052299		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2007
Decision Date:	03/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 50 year-old male [redacted] with a date of injury of 7/3/07. The claimant sustained urological, cervical spine, bilateral shoulder, and psyche injuries while working as a Deputy Probation Officer II for the [redacted]. The mechanism of physical injury was not found within the medical records however, work-related harassment is discussed in relation to the injury to psyche. In his most recent "Progress Note" dated 11/5/13, [redacted] diagnosed the claimant with Major depressive disorder, single, moderate and Anxiety disorder NOS. [redacted], in his re-evaluation of the claimant on 4/9/13, diagnosed the claimant with: (1) Depressive disorder NOS with anxiety; (2) Male erectile disorder; (3) partner-relational problem; and (4) occupation problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional sessions cognitive behavior therapy: 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) Mental Illness and Stress.

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: The Expert Reviewer's decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this case. Based on a review of the medical records, it appears that the claimant has been receiving ongoing psychological treatment from [redacted] since 2009. Based on [redacted] own account, the claimant's symptoms have waxed and waned depending upon his level of pain and external stressors, such as work, and he has not demonstrated any current objective functional improvements. It appears that the goal of treatment is simply to help the claimant maintain his current level of functioning so that he can continue to work. Despite this maintenance goal, the request for an additional12 sessions appears excessive as it does not provide an opportunity within a reasonable amount of time for reassessment of goals and/or changes to the treatment plan. As a result, the request for "12 additional session's cognitive behavior therapy" is not medcially necessary.