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| Case Number: | CM13-0057733 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/03/2013 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician 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 46 year-old male (██████████) with a date of injury of 9/3/13. According to medical reports, the claimant sustained injury to his psyche as the result of workplace harassment from his general manager and a disciplinary action that triggered a panic attack. He experienced this incident while working as the customer service manager for ██████████. In his 11/6/13 PR-2 report, ██████████ diagnosed the claimant with stress. Additionally, in her "Doctor's First Report of Occupational Injury or Illness" dated 11/6/13, ██████████ diagnosed the claimant with adjustment disorder with anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy 6 sessions bi-weekly: 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, Cognitive Behavioral Therapy

Decision rationale: The California MTUS does not address the behavioral treatment of an adjustment disorder therefore; the Official Disability Guideline regarding the use of cognitive

behavioral interventions will be used as reference for this case. According to the medical records, the claimant was seen once by [REDACTED], but a psychological evaluation was not completed. At this time, the request for cognitive behavioral sessions appears to be premature as there has yet to be a thorough psychological evaluation completed that would provide more diagnostic information via testing results and offer treatment recommendations. As a result, the request for "cognitive behavioral psychotherapy 6 sessions bi-weekly" is not medically necessary. It is suggested that a comprehensive psychological evaluation be conducted prior to the request for psychotherapy services.