

Case Number:	CM13-0058877		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2012
Decision Date:	03/20/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 physician 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 physician 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 43 year-old male (██████████) with a date of injury of 2/26/12. It is reported that the claimant sustained bodily injuries as the result of a slip and fall while working at a restaurant for ██████████. In his "Initial Pain Management Evaluation" dated 10/24/13, ██████████ diagnosed the claimant with: (1) Chronic pain syndrome; (2) Reactive depression and anxiety; (3) Left shoulder arthropathy; (4) Left knee arthropathy; (5) Cervical radiculitis; (6) Lumbar radiculitis; (7) Chronic headaches; and (8) Difficulty concentrating and memory loss. It is also reported that he sustained injury to his psyche secondary to his work-related physical injuries. In his 10/28/13 PR-2 report, treating psychologist, ██████████, diagnosed the claimant with: (1) Major depression, single episode, moderate; (2) Sleep disorder due to a medical condition; and (3) Pain disorder. Additionally, in his second "Agreed Medical Exam Comprehensive Medical-Legal Evaluation Involving Extraordinary Circumstances" report dated 11/6/13, ██████████ diagnosed the claimant with: (1) Depressive disorder NOS; (2) Undifferentiated somatoform disorder; and (3) Pain disorder associated with both psychological factors and a medical condition. It is the claimant's psychiatric conditions and diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) CBT sessions: 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), Section Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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 MTUS Guidelines do not address the treatment of depression, therefore the Official Disability Guidelines regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the 10/28/13 report from the treating psychologist, the employee has completed 4 individual and 3 group counseling sessions with [REDACTED]. It is noted that a second treating psychologist opines that the employee "is unlikely to garner enduring benefit from any form of psychological therapy" because the employee "does not evidence the behavioral, cognitive, and psychological characteristics necessary for psychological therapy to stimulate lasting positive change". Despite this opinion, the employee has been receiving both individual and group therapy services with [REDACTED]. Based on the ODG recommendations, the employee is afforded more sessions as he/she continues to demonstrate instability in symptoms. According to the ODG, a "total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided as long as there is evidence of some objective functional improvement. At this time, the employee has only completed 4 sessions. The request for an additional 6 sessions of CBT appears reasonable. As a result, the request for an additional "6 CBT sessions" is medically necessary.