

Case Number:	CM13-0059266		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2009
Decision Date:	05/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 a licensed Psychologist, 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 51-year-old female who reported an injury on 10/07/2009. The mechanism of injury was noted to be a motor vehicle accident. The injured worker underwent a psychological evaluation on 10/29/2013 which revealed the injured worker had major depressive disorder and anxiety disorder NOS. The injured worker had a GAF score of 53 which equals moderate symptoms of depression and anxiety. Request was made for 16 sessions of psychotherapy, individual and group cognitive behavioral supportive basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY, INDIVIDUAL AND GROUP COGNITIVE BEHAVIORAL SUPPORTIVE BASIS (16 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive therapy for depression. Decision based on Non-MTUS Citation Official Disability Guidelines, Initial trial of 6 visits over 6 weeks, and Mental Illness/Stress (Acute & Chronic).

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 & STRESS, COGNITIVE BEHAVIORAL THERAPY FOR MAJOR DEPRESSIVE DISORDERS

Decision rationale: Official Disability Guidelines recommend cognitive behavioral therapy for major depressive disorders for an initial 6 sessions. Group cognitive behavioral therapy is recommended for patients with PTSD. There was lack of documentation indicating the necessity for 16 sessions. There was lack of documentation indicating the injured worker had PTSD to support the necessity for group cognitive behavioral therapy. Given the above, the request for psychotherapy individual and group cognitive behavioral support basis (16 sessions) is not medically necessary.