

Case Number:	CM13-0059530		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2003
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
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 Board Certified in Psychology 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 53-year-old female who reported an injury on 11/03/2003. The mechanism of injury was not provided. The injured worker's diagnosis included major depression. The documentation of 10/18/2013 revealed the injured worker was in the maintenance phase of psychotherapy. The request was made for 20 sessions of cognitive behavioral psychotherapy 1 a week x 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS - ONE (1) TIME A WEEK FOR TWENTY (20) WEEKS (5 MONTHS): 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 & STRESS CHAPTER, COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION

Decision rationale: Official Disability Guidelines recommend cognitive behavioral therapy for depression for up to 50 sessions of major depression. The clinical documentation submitted for

review failed to indicate the quantity of sessions the injured worker attended. Additionally, there was lack of documentation indicating the objective and subjective findings for the injured worker. The documentation of 08/31/2013 revealed the injured worker's Beck Anxiety Inventory was 28 and the Beck Depression Inventory was 47. Subsequent documentation of 10/18/2013 revealed the Beck Anxiety Inventory was 29 and the Beck Depression Inventory was 42. The clinical documentation submitted for review failed to indicate the injured worker was making significant progress. The request for 5 months of cognitive behavioral therapy is excessive without re-evaluation. Given the above, the request for cognitive behavioral psychotherapy sessions 1 time a week for 20 weeks 5 months is not medically necessary.