

Case Number:	CM13-0062200		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2009
Decision Date:	05/22/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 64 year-old female [REDACTED] with a date of injury of 2/12/09. Based on medical reports, the claimant sustained injuries to her back and hip as the result of a motor vehicle accident while working as a sales associate for [REDACTED]. In his 11/12/13 PR-2 report, [REDACTED] diagnosed the claimant with disc protrusion L/Spine and THR-Rt. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 9/23/13 "Psychiatric Consultation Report of Treating Physician" [REDACTED] diagnosed the claimant with: (1) Major depression, single episode, moderate to severe, non-psychotic; and (2) Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY, TWO (2) TIMES PER MONTH FOR ONE (1) YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 THERAPY FOR

DEPRESSION; THE AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES FOR THE TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER (2010), PAGE 58.

Decision rationale: The California MTUS guidelines do not address the cognitive treatment of depression therefore, the Official Disability Guideline for the cognitive treatment of depression will be used as reference for this case. Based on the treating provider's report of 9/23/13 "Psychiatric Consultation Report of Treating Physician", the employee "last received psychiatric care over one year ago" and "was treating at the office of [another treating provider]...." Despite previous treatment, the employee continues to experience depression. Although the employee remains symptomatic and has been deemed permanent and stationary, the request for "COGNITIVE BEHAVIORAL THERAPY, TWO (2) TIMES PER MONTH FOR ONE (1) YEAR" is excessive and does not offer a reasonable period of time for reassessment. The ODG guidelines indicate that for the treatment of depression a "total of 13-20 sessions over 13-20 weeks (Individual sessions)" is recommended. In this case, the treating provider has argued that the employee needs these follow-up services during the maintenance phase of treatment. In their treatment guideline for major depressive disorder, the American Psychiatric Association states that "The duration of the maintenance phase will vary depending on the frequency and severity of prior major depressive episodes, the tolerability of treatments, and patient preferences." Without some periodic assessment of treatment during the year, it is difficult to ascertain the employee's "tolerability of treatments" as well as progress towards treatment goals. As a result, the request for "COGNITIVE BEHAVIORAL THERAPY, TWO (2) TIMES PER MONTH FOR ONE (1) YEAR" is not medically necessary.