

Case Number:	CM13-0064299		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2011
Decision Date:	05/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Psychiatry, 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 patient is a 70 year old male with date of injury of 4/20/11. The mechanism of industrial injury was not provided for review. Per the report dated 9/11/13, the injured worker has been diagnosed with depressive disorder, not otherwise specified; anxiety disorder, not otherwise specified; and psychological factors affecting medical condition, as evidenced by subjective complaints of feeling defensive and guarded due to his depression and fatigue caused by pain and physical disability. The report from 11/19/13 mentions that the injured worker underwent an initial trial of six cognitive behavioral therapy sessions, which resulted in improvement in social functioning, and being better able to interact with and communicate effectively with others. Final Determination Letter for IMR Case Number CM13-0064299 3 There has also been increased interest in daily activities, such as brushing teeth, shaving, and working around the house.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE THERAPY ONCE A WEEK FOR 13 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that cognitive behavioral therapy (CBT) for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressants with severely depressed outpatients in four major comparisons. Effects may also be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). The Guidelines state that up to 13-20 sessions of CBT over 7-20 weeks may be authorized if progress is being made. In this case, the submitted documentation shows that the injured worker has received six sessions of CBT with noted evidence of objective functional improvement. Thus, 13 additional sessions of CBT are medically necessary and appropriate.