

Case Number:	CM13-0067906		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2009
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 42 year-old male [REDACTED] with a date of injury of 10/16/09. The claimant sustained injury to his psyche when he found himself in a situation in which he was violently shaken while on a ladder while working as an installer/technician for [REDACTED]. This incident triggered feelings from the past in which the claimant fell from a ladder in 1998, injuring his wrist and requiring surgery. This 1998 incident happened while working for the same company. In his "Agreed Follow-up Medical-Legal Evaluation in Psychiatry dated 12/5/13, [REDACTED] diagnosed the claimant with Posttraumatic stress disorder; Major depression, severe, with mood-incongruent psychotic features, specifically persecutory delusions; and Panic disorder with agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

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: In regards to this case, the request for "Cognitive behavioral therapy" remains too vague as it does not provide enough information about the number of sessions being requested over what duration of time. As a result of insufficient information and a vague request, the request for "cognitive behavioral therapy" is not medically necessary. It is suggested that future requests include all relevant information to substantiate the request and that the request is much more specific while following the above cited guidelines.