

Case Number:	CM13-0069434		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2009
Decision Date:	04/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 45 year old male with a date of injury of 12/18/09. According to medical reports, the patient sustained injury to his back when he bent over to pick up a paintbrush and ladder. In his "Comprehensive Medical-Legal Evaluation Report" dated 12/17/13, diagnosed the patient with: (1) Right L2 radiculopathy with right lower extremity weakness; (2) Central disc protrusion at L2-L3 measuring 3-4mm; (3) Lumbar stenosis; (4) Lumbar facet joint arthropathy; (5) Lumbar sprain/strain; and (6) Right ear acoustic neuroma. It is also reported that the patient sustained injury to his psyche secondary to his work-related physical injury. In her PR-2 reports dated 8/23/13 and 10/21/13, treating therapist diagnosed the patient with adjustment disorder with mixed depression and anxiety. It is the patient's psychiatric diagnosis that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The CA MTUS does not address the treatment of adjustment disorder nor depression/anxiety therefore; the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, there is limited information regarding the claimant's response to the previous services provided by [REDACTED]. It is also unclear as to the exact number of completed sessions to date. In her 10/21/13 PR-2 report, [REDACTED] wrote, "My past 2 months with [REDACTED] have shown progress. His anger's diminished and frustrations are better managed." Despite this statement, there is no other information offered. Under "objective findings" is listed "Beck Depression Inventory" and "Beck Anxiety Inventory" yet there is no data reported to illustrate any objective findings. The ODG indicates that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions) may be provided. Without any evidence supporting the need for additional sessions, the request for additional sessions cannot be substantiated. As a result, the request for "7 cognitive behavioral therapy sessions" is not medically necessary.