

Case Number:	CM13-0069912		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2005
Decision Date:	07/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 licensed 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 46 year-old female [REDACTED] with a date of cumulative trauma injury of 1/3/05. The claimant sustained injury to her upper extremities while working as a Catastrophe Modeling Technician for [REDACTED]. In addition to the work-related orthopedic injuries, it is reported that the claimant has developed psychiatric symptoms. In his PR-2 report dated 11/18/13, [REDACTED] diagnosed the claimant with Depressive disorder NOS with anxiety and Psychological factors affecting medical condition (stress-intensified headaches, teeth grinding, persistent hair loss, dermatological reaction-hives, neck/shoulder/back-muscle-tension/pain, nausea-vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping and constipation).

IMR ISSUES, DECISIONS AND RATIONALES

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

13 - 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, Mental Illness and Stress Chapter.

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 depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving some psychotherapy services; however, the exact number completed to date is not clear. In his "Special Report on Utilization Review Appeal" dated 12/10/13, [REDACTED] indicates that the claimant "only had 2 of the 6 initial CBT sessions". He further indicates that the claimant demonstrated slight progress from these sessions. Despite these statements and the PR-2 reports from [REDACTED], there is no psychotherapy notes/records included for review. Without sufficient information about the psychotherapy services already completed the need for further sessions cannot be fully determined. As a result, the request for an additional "13 - Cognitive behavioral therapy sessions" is not medically necessary. It is noted that the claimant did receive a modified authorization for 4 CBT sessions in response to this request.