

Case Number:	CM14-0004928		
Date Assigned:	01/24/2014	Date of Injury:	06/15/2009
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/14/2014

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 64 year-old male [REDACTED] with a date of injury of 6/15/09. The claimant sustained injury to his neck when he attempted to pull out a pipe weighing between 70-100 pounds from under a pile of weighted pipes. He sustained this injury while working for [REDACTED]. In the progress note dated 12/17/13, nurse practitioner, [REDACTED], diagnosed the claimant with cervical sprain/strain-neck and thoracic sprain/strain. It is also noted that the claimant has developed psychiatric symptoms secondary to his work-related physical injuries. In the "Confidential Psychological Evaluation" dated 1/27/14 and conducted by [REDACTED], the claimant is diagnosed with Major depressive disorder, recurrent, moderate with a rule out of Pain disorder associated with 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:

TEN (10) SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS.

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 Section.

Decision rationale: The California MTUS does not address the treatment of depression therefore, the Official Disability Guidelines (ODG) regarding the cognitive behavioral treatment of depression will be used as reference for this case.. The ODG recommends that an initial trial of "6 visits over 6 weeks" be conducted. As a result of the aforementioned, the request for "ten (10) sessions of cognitive behavioral therapy" is not medically necessary.