

Case Number:	CM14-0007438		
Date Assigned:	04/30/2014	Date of Injury:	02/28/2009
Decision Date:	05/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 56-year-old male with a date of injury of 2/28/09. The claimant sustained injuries to his left knee, ankle and foot when he tried to avoid a child while working. In a radiology report dated 11/13/13, the claimant presented with unremarkable and grossly stable left total knee arthroplasty. The claimant is also being treated for psychiatric symptoms. Although an official diagnosis could not be found within the submitted reports, in a "psychological update report" dated 10/31/13, it is noted that the claimant "...believes his depression is due to a chemical imbalance and symptoms which match DSM-IV criteria for Major Depression."

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) ONCE A WEEK FOR 6 WEEKS:

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), Cognitive behavioral therapy (CBT) guidelines for chronic pain.

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 for depression.

Decision rationale: The CA 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. Based on the review of the medical records, the claimant began psychotherapy services with MFT, [REDACTED], on June 2013. The documents submitted for review are progress notes and reports indicating sessions on the following dates: 6/12/13, 7/11/13, 7/23/13, 8/1/13, 8/15/13, 8/30/13, 10/3/13, 10/21/13, 10/31/13, and 11/7/13 for a total of 10 sessions over a 5 month period. It is unclear why the claimant was only receiving psychotherapy on average every 2 weeks and why there were no sessions in September 2013. In his "psychological update report" dated 1/29/13, [REDACTED] wrote, "While we agreed that we have made some progress in therapy we have not met late phase treatment goals." It is unclear what objective functional improvements have been made as a result of the completed sessions and what are the late phase treatment goals for the claimant. 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 necessary. Although the claimant has not completed the total number of sessions set forth by the ODG, the time range for which he has received the 10 sessions has exceeded the time restrictions recommended by the ODG. In addition, the objective functional improvements have not been clearly identified within the notes. As a result, the request for a cognitive behavioral therapy (CBT) once a week for six weeks is not medically necessary.