

Case Number:	CM14-0103871		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2010
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Texas. 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 injured worker is a 54-year-old male who reported psychological injuries when the bus he was driving stalled on railroad tracks and was hit by a train, after he exited the bus, on 03/03/2010. On 02/13/2014, his diagnoses included major depressive disorder with anxiety, single episode, profound to severe, post-traumatic stress disorder, chronic with moderate levels of intrusion and anxiety, and insomnia related to PTSD. He participated in an unknown number of psychotherapy sessions over an undetermined period of time. On 11/05/2013, a report was submitted which stated that his psychological disposition had improved to the point where he had made significant progress and was cleared to undergo return to work training of operating busses. Once he was released to return to work, his anxiety and other psychological symptoms returned, and his distress began to escalate. On 12/26/2013, it was felt that he had regressed sufficiently and that returning to work was no longer being considered. The rationale on 02/13/2014 stated that the 18 sessions of cognitive behavioral psychotherapy was being requested to help this injured worker with his adjustment to not returning to work and to help him bring his symptom flares under control. Those symptoms included anxiety, depression, cognitive rumination, poor cognitive control, difficulty initiating sleep, and lack of self-care behaviors and increased anger. There was no request for authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) Eighteen (18) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The California/ACOEM Guidelines suggest that if symptoms become disabling despite primary care interventions or persist beyond 3 months, referral to a mental health professional is indicated. The Official Disability Guidelines recommend cognitive behavioral therapy for depression, stating that effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 to 20 visits over 7 to 20 weeks if progress is being made. This injured worker has been involved in an unknown number of psychotherapy sessions over an undetermined period of time. The documentation revealed that he had progressed significantly to be released back to his former occupation. When confronted with the possibility of driving a bus again, he regressed. This suggested therapy was for this injured worker to deal with the prospect of not returning to work. The requested additional 18 sessions exceeds the recommendations in the guidelines. Furthermore, there was no time frame included in the request. The clinical information submitted failed to meet the evidenced based guidelines for continued psychotherapy. Therefore, this request for cognitive behavioral therapy (CBT) 18 sessions is not medically necessary.