

Case Number:	CM14-0110806		
Date Assigned:	08/01/2014	Date of Injury:	08/07/2012
Decision Date:	09/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 a licensed Doctor of 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 45 year-old female (██████████) with a date of injury of 8/7/12. The claimant sustained injury to her back while working as a CNA for ██████████. The mechanism of injury was not found within the medical records. In her PR-2 report dated 7/17/14, ██████████ diagnosed the claimant with: (1) Urinary incontinence; (2) Depressive disorder; (3) Displacement of lumbar intervertebral disc without myelopathy; (4) Sciatica; (5) Backache; (6) isthmia spondylolisthesis; and (7) Congenital spondylolisthesis. She has received conservative care for her orthopedic injuries and has begun psychotherapy with ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of 6 visits of CBT (cognitive behavioral therapy): 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), Integrated Treatment/Disability Duration Guidelines, Mental Stress & Illness: Cognitive therapy for depression.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS 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 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 continues to experience chronic pain and has developed symptoms of depression. It appears that the claimant completed an initial psychological evaluation with [REDACTED] on 5/22/14 however, the evaluation was not included for review. The request under review was initially a request for 12 sessions, but was authorized for a modified 6 initial sessions, which is appropriate. It appears that the claimant has already begun psychotherapy sessions with [REDACTED] since there was an invoice for a psychotherapy session included for review. Despite the invoice, there were no progress notes. The ODG recommends an initial trial of 6 visits over 6 weeks. Since the claimant did receive an authorization for 6 visits, the request for Trial of 6 visits of CBT (cognitive behavioral therapy) is redundant and not medically necessary.