

Case Number:	CM14-0128247		
Date Assigned:	08/15/2014	Date of Injury:	06/03/2012
Decision Date:	10/08/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 Psychiatry 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:

Injured worker is a 41 year old female with date of injury 6/3/2012. Mechanism of injury was described as work related stress. Report dated 7/24/2014 listed diagnosis of Major Depressive Disorder, Generalized Anxiety Disorder; Insomnia related to Generalized Anxiety Disorder, Stress related physiological response. Report dated 1/13/2014 indicated chief complaints of depression, anxiety, headaches and hearing voices. That report listed that the injured worker was being prescribed Seroquel XR 150 mg, Fluoxetine 80 mg, Bupropion XL 300 mg and Clonazepam 1 mg by another physician. That report suggested that she was feeling better was having crying episodes daily, difficulty sleeping, reduced energy /motivation, anhedonia, continued panic attacks, poor concentration, loss of appetite and was experiencing voices in form of two male voices telling her that people at her job were setting her up and not to trust them. She was diagnosed with Psychotic disorder NOS, Depressive disorder NOS and Anxiety disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy - 1xwvx 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "Initial trial of 6 sessions and then up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate)." The request for Cognitive Behavioral Psychotherapy one time a week times twelve weeks exceeds the guideline recommendations for an initial trial. This request is not medically necessary.