

Case Number:	CM14-0157672		
Date Assigned:	09/30/2014	Date of Injury:	11/01/1998
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 66 year-old female (DOB 10/19/48) with a date of injury of 11/1/98. The claimant sustained injury to her hands, right elbow, right shoulder, and back due to repetitive trauma while working for [REDACTED]. In his PR-2 (progress report) report dated 7/8/14, [REDACTED] diagnosed the claimant with: (1) Repetitive strain injury to cervical spine; and (2) Repetitive strain injury to bilateral upper extremities. It is also reported that the claimant has developed symptoms of depression secondary to her work-related orthopedic injuries and chronic pain. In the PR-2 report dated 8/29/14, [REDACTED] diagnosed the claimant with Major depressive disorder, severe, recurrent, without psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy QTY: 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; cognitive behavioral therapy

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

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 since her injury in November 1998. She has also been experiencing psychiatric symptoms. It is reported that she has never participated in any psychological services for this case. In the PR-2 report dated 8/29/14, the treater recommended 6 sessions of cognitive behavioral treatment to address the claimant's depressive symptoms. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for "Cognitive Behavior Therapy QTY: 6" is appropriate and medically necessary.