

Case Number:	CM14-0169893		
Date Assigned:	10/20/2014	Date of Injury:	03/06/2010
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 39-year-old female (██████████) with a date of injury of 3/6/10. The claimant sustained injury to her back and knee when she slipped and fell while working as a unit clerk. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In the "Panel Qualified Medical Report in Psychology Involving Extraordinary Circumstances and Review of Medical Records" dated 5/7/14, the doctor diagnosed the claimant with: (1) Mood disorder due to orthopedic condition, industrial; and (2) Pain disorder with both psychological factors and an industrial orthopedic condition, chronic. The claimant has been receiving psychotherapy services intermittently since May 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) x 2 (over 90 days) Start date 7/8/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive therapy for depression and on the Non-MTUS APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010)

Decision rationale: The California MTUS does not address the treatment of depression; therefore, the Official Disability Guidelines (ODG) and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in March 2010. She has also been experiencing psychiatric symptoms. It appears that the claimant completed an initial psychological evaluation in May 2012 and participated in follow-up psychological services. The "Peer Clinical Review Report" dated 9/19/14 indicated that the claimant has had at least 25 individual psychotherapy sessions and 16 group psychotherapy sessions. In the report dated 5/7/14, the doctor noted that the claimant had discontinued psychotherapy services with the initial psychological evaluator in April 2014. However, he recommended that the claimant "receive an additional 10 individual cognitive behavioral therapy sessions over the next twelve months in order to improve coping with depressed mood and chronic pain." Given that recommendation and the fact that the treatment plan involves monthly maintenance therapy, the request appears appropriate. As a result, the request for "Cognitive Behavioral Therapy (CBT) x 2 (over 90 days) Start date 7/8/14" is medically necessary.