

Case Number:	CM14-0173433		
Date Assigned:	10/24/2014	Date of Injury:	04/07/2009
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Psychologist, 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 46 year-old male [REDACTED] with a date of injury of 4/7/09. The claimant sustained injury when the roof that he was working on collapsed, causing him to fall several feet, landing on his right knee. The claimant sustained this injury while working as a construction laborer for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his report dated 9/18/1, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Insomnia related to major depressive disorder; and (3) Alcohol abuse. The claimant has been receiving psychotropic medication management services as well as group psychotherapy sessions to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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 his injury in April 2009. He also continues to experience secondary psychiatric symptoms including depression and anxiety. He has been receiving psychotropic medication management services from [REDACTED] and group psychotherapy sessions facilitated by Psychology Intern, Iris Herrero, under the supervision of [REDACTED]. It appears that he completed 6 group psychotherapy sessions since January 31, 2014. It does not appear that the claimant has completed any individual psychotherapy sessions. It is unclear why individual sessions are being requested since the claimant has been participating in group sessions. There is no information as to the reason for changing the modality of treatment. Despite this, the request for "Individual cognitive behavioral therapy" remains too vague as it does not indicate how many sessions are being requested or the frequency of the sessions. Without more information, the request for "Individual cognitive behavioral therapy" is not medically necessary.