MAXIMUS Federal Services

Case Number:	CM14-0038885		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2006
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and pain management, 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:

Based on the records provided for this independent medical review, this patient is a 36-year-old male who reported an industrial/occupational work-related injury on June 20th 2006. At that time, the patient was pulling a heavy tray of meat from a cart and twisted his back. The injury occurred during the course of his normal work duties as a cook at [redacted] in [redacted]. Medically, the patient is status/post 2 laminectomy disc replacement surgeries, sciatica, post laminectomy syndrome and chronic pain syndrome with other medical diagnoses documented in detail in his chart. Psychologically, the patient has symptoms of depression include sadness, irritability, decreased motivation and explosive anger, increased social isolation and avoidance, decreased self-care activities, and limited functional ability. The patient is also reporting anxious and depressed mood. A request for twelve sessions of cognitive behavioral therapy one time per week was made and non-certified this independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF COGNITIVE BEHAVIORAL THERAPY, ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions and Psychological Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter topic cognitive behavioral therapy, June 2014 update.

Decision rationale: The rationale provided by utilization review for non-certification of twelve (12) sessions of cognitive behavioral therapy was that the patient does have Major depressive disorder, moderate, recurrent, but there was no diagnosis of posttraumatic stress disorder (PTSD) with combined of depression for which a greater number of physical therapy sessions can be offered, and a second reason was that he is already had an unspecified but significant number of psychotherapy sessions and the records do not reflect how many sessions he has been provided or if there's been any functional response to them. According to the Official Disability Guidelines (ODG) criteria with respect to behavioral therapy, in cases of severe depression or PTSD additional sessions up to 50 may be provided as long as progress is being made. In this case, the patient's most recent diagnoses are he has been diagnosed with major depressive disorder, moderate recurrent and anxiety disorder NOS. Recent medical chart notes from late 2013 mention that the patient had fresh punch wounds on his arm that have healed and spoke about killing himself with a gun and that he does have access to weapon but that his intention to follow-though was not active. This would qualify for severe depression. Based on the review of the medical chart as it was provided, it does appear that the patient is medically necessary levels of symptomology. The utilization review was accurate in describing that the exact number of prior sessions has not been provided and this is problematic. However, the major course of treatment was approximately two years ago and lasted one year. It remains unclear how many, if any, the patient has had in this most recent course of treatment but it seems likely that the number is probably less than 38 sessions, and therefore, the request for 12 additional is conforming with ODG guidelines. As such, the request is certified.