

Case Number:	CM14-0042544		
Date Assigned:	06/30/2014	Date of Injury:	03/21/2012
Decision Date:	08/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 38 year old male with date of injury 3/21/2012. Date of the UR decision was 3/24/2014. He encountered injuries when the cage snapped while he was being lifted by a fork lift. He lost consciousness and encountered several physical injuries including fractured rib on the left, fractures of T11-T12 vertebrae and a closed head injury. Report dated 2/27/2014 suggested that he had been experiencing increased depression, anxiety and loss. He was given the diagnosis of Adjustment disorder with depressed mood. Report dated 9/10/2013 indicates that he is still taking Paxil 20 mg for depression and anxiety. It was suggested that he has undergone at least 8 or more sessions of Cognitive Behavior Therapy, the exact number is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 8 sessions for 45 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, Mental illness and Stress, psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended.: - Initial trial of 3-4 psychotherapy visits over 2 weeks. -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had at least 8 or more Cognitive Behavior Therapy sessions, however the exact number is unknown. There also has been no mention of objective functional improvement. Request for additional Psychotherapy times 8 sessions for 45 min is not medically necessary.