

Case Number:	CM14-0045467		
Date Assigned:	06/27/2014	Date of Injury:	07/23/2003
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 review, this patient is a 52 year old male who reported an industrial/occupational work-related injury on June 27, 2007; at that time he was engaged in his normal work activities at a warehouse when he was on a 8 foot ladder, the racking collapsed and he fell down with the racking falling on top of him. He has had multiple areas of pain, mostly in the lumbar area and he is status post laminectomy from February of 2011 with minimal improvement with a consideration of a spinal fusion being discussed. There are significant symptoms of depression and he is facing severe financial problems, frustration and difficulty in accessing treatment near to his home. He is reporting severe depression, and has been diagnosed with major depressive disorder. The cognitive behavioral therapy sessions to date have been focusing on his anger and teaching him anger management issues. A request for additional 6 sessions of every other week cognitive behavioral therapy was made and non-certified with a modification of allowing 2 sessions. This independent medical review will address a request to overturn that treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Biweekly Cognitive Behavioral Therapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - 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/Stress Chapter: psychotherapy/cognitive behavioral therapy for depression.

Decision rationale: At the time of this request, he has had a total of 18 sessions of cognitive behavioral therapy with improvement in terms of objective functioning. Based on a comprehensive review of this patient's medical records as they were provided for this independent review, it is my impression that this patient is in still medical necessity for ongoing psychological care. To date, the patient has had 18 sessions and the additional authorization of two more sessions would bring the total to 20. However according to the ODG treatment guidelines for psychotherapy in cases of severe depression additional sessions up to 50 may be allowed if progress is being made. Additional sessions, if they are in fact required and medically necessary, should be contingent on more detailed and comprehensive documentation of the patient's progress in terms of symptom improvement other than his anger outbursts. The finding of this independent review is to overturn the modified not medically necessary of the 6 additional sessions. As such, the request is medically necessary.