MAXIMUS Federal Services

Case Number:	CM14-0056119		
Date Assigned:	07/09/2014	Date of Injury:	05/18/2011
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 Clinical 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:

According to the records provided for this independent medical review, this patient is a 61 year old male who reported an industrial/occupational work related injury on 5/18/11 when he fell 27 feet off a second story building, landing on his head, and was in a coma, with severe head injury, multiple orthopedic injury, and psychological sequelae. He remains symptomatic with residual problems irritability, depression, anxiety, damaged self esteem, anger, poor energy and insomnia. He continues to have serious symptoms of depression: lack of motivation, inadequacy and apathy. He has been diagnosed with Cognitive Disorder NOS, Depressive Disorder, NOS. A request for "the remaining additional individual or group cognitive behavioral therapy sessions x 7 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:

The remaining (Additional) individual or group Cognitive Behavioral Psychotherapy (CBT) Sessions x 7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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/Stress chapter, topic psychotherapy guidelines, cognitive behavoral therapy.

Decision rationale: Although the patient has had an intensive psychological treatments throughout 2013, it is clear that he remains symptomatic and that the treatments have been benefiting him. Objective improvements have been noted from his prior treatment that have included improvments in his level of depression, panic daily activities, concentration, and socializing. According to the Official Disability Guidelines (ODG) maximum of 13 to 20 sessions can be provided for most patients, and in cases of severe depression and up to 50 sessions may be provided. This patient's symptoms of depression following severe head injury would appear to qualify for that extended number of sessions. The request to have an additional seven sessions is appropriate, these final sessions can be provided in a step and manner with increasing amounts of time between them to give the patient support over a longer period of time. Therefore, the request for the remaining (Additional) individual or group Cognitive Behavioral Psychotherapy (CBT) Sessions, quantity 7 is medically necessary and appropriate.