

Case Number:	CM14-0057326		
Date Assigned:	07/09/2014	Date of Injury:	06/17/2008
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Psychology 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 51 year-old female with a date of injury of 6/17/08. The claimant sustained injury to her back as the result of normal work-related duties of loading/unloading doors from a pallet and stacking them up to be organized onto another pallet. The claimant sustained this injury while working as an inspector for [REDACTED]. In his Primary Treating Physician's Progress Report dated 6/18/14, [REDACTED] diagnosed the claimant with chronic low back pain, possibly facet mediated; history of depression, not being treated; and tachycardia with associated hypertension. Additionally, in his Psychological Agreed Medical Re-Examination dated 10/29/13, [REDACTED] diagnosed the claimant with depressive disorder, NOS; anxiety disorder, NOS; psychological factors affecting physical condition (alternatively pain disorder); and insomnia, NOS. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 12 visits once per week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Stress Chapter.

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, Cognitive therapy for depression, Psychotherapy Guidelines.

Decision rationale: The California MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, it appears that the claimant received prior psychotherapy services from [REDACTED] for a total of 10 sessions. It is unclear when those sessions were completed. Currently, the claimant is receiving medication management from [REDACTED] and has resumed psychological services with [REDACTED]. She is participating in both group and individual psychotherapy services. It appears that she was authorized for another 10 sessions. Her first group session occurred on 5/5/14 with her first individual session occurring in March. It is unclear from the records how many sessions have been completed to date. Given that the claimant has already been authorized for 10 sessions, the request for an additional 12 sessions exceeds the total number of sessions set forth by the Official Disability Guidelines. The Official Disability Guidelines indicates that a total of up to 13-20 sessions over 13-20 weeks (individual sessions) may be necessary. As a result, the request for Cognitive Behavioral Therapy 12 visits once per week for 12 weeks is not medically necessary.