

Case Number:	CM14-0074013		
Date Assigned:	07/16/2014	Date of Injury:	04/30/2003
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 57 year-old female with a date of injury of 4/30/03. The claimant sustained injury while working as a waitress for [REDACTED]. The mechanism of injury was not found within the limited records submitted for review. In his Treating Physician's Determination of Medical Issues and Request for Authorization dated 4/11/14, [REDACTED] diagnosed the claimant with anxiety disorder NOS, secondary to industrial musculoskeletal injuries; and depressive disorder NOS, secondary to industrial musculoskeletal injuries. The claimant has been treated for her psychiatric symptoms with medical management services and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy one (1) time a week for twelve (12) weeks: 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.

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, and on the APA

Practice Guideline For The Treatment of Patients with Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

Decision rationale: The California MTUS does not address the treatment of anxiety nor depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the limited medical records, the claimant continues to experience symptoms of anxiety and depression despite having received prior psychotherapy services. The exact number of years for which she has been participating in psychotherapy is unknown as there was only one medical report from treating psychologist, [REDACTED], submitted for review. In the report, dated 4/11/14, [REDACTED] indicates that the claimant has plateaued in therapy and that although the applicant's chronic industrial psychiatric condition cannot be cured, the requested treatment services are essential to prevent deterioration and to provide sufficient symptoms relief to allow even minimal functioning at home and in the community. The APA Practice Guideline indicates that for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. It appears that the claimant falls into this category of patient. However, the guideline also indicates that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions. It does not appear that the claimant has been participating or is expected to participate in a reduction of services as the request is for weekly sessions. Given the fact that the claimant has returned to work, her progress has hit a plateau in psychotherapy, and the psychological services are to prevent decompensation, the request for an additional 12 sessions, once weekly, is excessive. As a result, the request for Cognitive Behavioral Therapy one (1) time a week for twelve (12) weeks is not medically necessary.