

Case Number:	CM14-0075718		
Date Assigned:	07/16/2014	Date of Injury:	11/20/2013
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Child & Adolescent 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:

The injured worker is a 32 year old female who suffered an injury at work on 11/20/13. She works as a food server, and during the course of her work duties, she hit her left shoulder and scapula on a metal bar while trying to lift a heavy bag of potatoes. She fell twice when trying to get up off the floor, injuring her head, neck and left shoulder. She subsequently complained of nausea and headaches, and was referred to the local hospital emergency room. She had a computed tomography (CT) scan, and later was referred for physical therapy, acupuncture and pain medication treatment. In the physician progress report dated 1/22/14, there was no documentation of any mental health symptoms, and in the list of diagnoses there were no mental health diagnoses. In the report dated 2/14/14, the injured worker complained of persisting insomnia, headaches, blurred vision in her left eye, and pain in the left side of her back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT Psychotherapy 2 times week times 6 weeks: Upheld

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 Guidelines for chronic pain.

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, Cognitive Therapy for depression.

Decision rationale: MTUS is not applicable. The ODG indicate that individuals diagnosed with depression and anxiety can receive benefit when undergoing cognitive behavioral therapy (CBT). For individuals with moderate to severe depression, an initial trial of 4 - 6 sessions over 4 - 6 weeks is recommended. If there is documented symptomatic improvement, then additional sessions can be appropriate, up to a recommended maximum of twenty overall. The injured worker does not have clinical evidence of a formal mental health diagnosis. There is no evidence of any mental health evaluations, or of any prior mental health treatment. The progress reports included fail to list any psychiatric diagnoses. Additionally the requested services are for twice weekly psychotherapy for 6 weeks, which is twice the ODG recommendation of once a week for 4 - 6 weeks. In the absence of any clinical evidence confirming a mental health diagnosis of depression, therefore, the requested service is not medically necessary.