

Case Number:	CM14-0084148		
Date Assigned:	07/21/2014	Date of Injury:	10/20/1999
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64-year-old female was reportedly injured on October 20, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 19, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, hand pain, and depression. Previous treatment for depression has included a prescription of Zoloft. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed. Previous treatment includes left shoulder surgery, physical therapy, left wrist injections, bilateral carpal tunnel surgery oral medications, and topical compounds. The notes on this date stated that the injured employee is a need of psychological and psychiatric treatment. A request had been made for cognitive behavioral psychotherapy and medication management once a week for 48 weeks and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy and medication management once weekly for 48 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1068.

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, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines cognitive behavioral therapy is recommended for depression. However it was recommended that 13 to 20 visits over 20 weeks' time are recommended if progress is being made. As this request is for 48 visits this request for cognitive behavioral psychotherapy and medication management once a week for 48 weeks is not medically necessary.