

Case Number:	CM14-0119085		
Date Assigned:	08/06/2014	Date of Injury:	06/14/2011
Decision Date:	02/09/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Board Certified in Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, mood disturbance, and sleep disturbance reportedly associated with an industrial injury of June 14, 2011. In a utilization review report dated July 25, 2014, the claims administrator denied a request for 6 sessions of cognitive behavioral therapy. The claims administrator suggested that the applicant was still using Celexa and Desyrel. The claims administrator referenced a July 18, 2014 progress note in its denial. The claims administrator's rationale was sparse. The claims administrator did not seemingly provide much in the way of rationale for its denial. The MTUS Chronic Pain Medical Treatment Guidelines were referenced but not incorporated into the report rationale. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 3, 2014, the applicant was placed off work, on total temporary disability owing to ongoing complaints of neck pain. The applicant was asked to follow up with her psychiatrist. In an April 20, 2014, pain management note, the applicant reported persistent complaints of neck pain, 8/10, radiating to the left upper extremity. Ancillary complaints of left shoulder and left elbow pain were also noted. The applicant did have issues with heartburn. The applicant was again placed off work, on total temporary disability. In a psychiatric progress note dated July 18, 2014, the applicant reported persistent complaints of depression and mood disturbance. The applicant's sister had apparently recently passed away. The applicant felt, however, that her mood had improved following introduction of Celexa. The applicant's medication list included Norvasc, Celexa, Nexium, and pravastatin. The applicant's global assessment of functioning (GAF) was 60. Celexa, trazodone, cognitive behavioral therapy, and group therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 x week x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Therapy guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive therapy can be problem-focused, with strategies intended to alter an applicant's perception of stress, or emotion-focused, with strategies intended to alter an applicant's response to stress. Here, the applicant was described on a recent July 18, 2014 office visit, referenced above, as having experienced a recent flare in mental health symptoms over the recent, untimely demise of her sister. A 6-session course of cognitive behavioral therapy, thus, was intended to ameliorate mental health issues with grieving evident on or around the date of the request, July 18, 2014. Therefore, the request was medically necessary.