

Case Number:	CM14-0187569		
Date Assigned:	11/17/2014	Date of Injury:	03/07/2012
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 52 year old male with date of injury 3/7/2012. Date of the UR decision was 10/13/2014. He encountered back pain while lifting a table in the break room. He has been treated with medications, lumbar epidural steroid injections and psychotherapy. Per report dated 6/28/2014 suggested that his mood was improving and was feeling better but was still having thoughts of hurting himself sometimes. He was diagnosed with Major Depressive Disorder, single episode. Per report dated 9/8/2014, the injured worker reported a pain level of 8, he complained of difficulty sleeping, depressed pain due to back pain radiating to lower extremity. Injured worker has been in psychotherapy treatment; however there is no clear indication of how many sessions he has completed so far or any evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, Cognitive therapy for depression

Decision rationale: MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Injured worker has been in psychotherapy treatment; however there is no clear indication of how many sessions he has completed so far or any evidence of objective functional improvement. The request for Cognitive behavioral therapy, Qty: 6 is not medically necessary based on the lack of information regarding past psychotherapy treatment.