

Case Number:	CM14-0188764		
Date Assigned:	11/19/2014	Date of Injury:	09/15/2014
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 injured worker is a 38 year-old male date of birth (5/30/76) with a date of injury of 9/15/14. The injured worker sustained injury to his psyche while working for [REDACTED]. In his "Doctor's First Report of Injury or Illness" dated 10/7/14, [REDACTED] indicated that the injured worker scored a 19 on the Beck Depression Inventory (moderate range) and an 11 on the Beck Anxiety Inventory (slight range). He diagnosed the injured worker with Adjustment Disorder with Depressed Mood. The request under review is for initial psychotherapy sessions as well as follow-up sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cognitive Behavioral Psychotherapy sessions with improvement another 10 sessions over 10 weeks: 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) Mental Illness and Stress Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed

outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The California MTUS fails to address the treatment of adjustment disorder or depression therefore; the Official Disability Guideline for the cognitive treatment of depression will be used as reference for this case. Based on the review of the limited medical records, the injured worker is experiencing symptoms of depression and anxiety including tearfulness, insomnia, poor appetite, concentration problems, feelings of hopelessness, nightmares, and crying spells. The injured worker was evaluated by [REDACTED] on 10/7/14 and it was recommended by [REDACTED] that the injured worker begin cognitive behavioral therapy (CBT) psychotherapy to alleviate his symptoms. The Official Disability Guidelines (ODG) recommends an "initial trial of 6 visits over 6 weeks." Utilizing this guideline, the request for "4 Cognitive Behavioral Psychotherapy sessions with improvement another 10 sessions over 10 weeks" exceeds the recommended number of initial sessions and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.