

Case Number:	CM14-0194802		
Date Assigned:	12/02/2014	Date of Injury:	04/29/2008
Decision Date:	02/11/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 50 year-old male () with a date of injury of 4/29/2008. The injured worker sustained injury to his right wrist as the result of a fall while working as a Care Coordinator Supervisor for . He has been e with medications, injections, physical therapy, occupational therapy, and surgery. It is also reported that the injured worker developed psychological symptoms secondary to his work-related orthopedic injury and pain. In the "Psychological Re-Evaluation Report" dated 10/3/14, Dr. diagnosed the injured worker with Adjustment Disorder with Depressed Mood. The request under review is for an initial trial of weekly psychotherapy sessions for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavior Therapy Sessions 1 times a week times 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) 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 Chapter

Decision rationale: The CA MTUS does not address the treatment of adjustment disorder nor depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in April 2008. He has also been experiencing psychological symptoms related to depression secondary to his orthopedic pain. In May 2014 the injured worker was evaluated by Dr. [REDACTED] the [REDACTED]. It was recommended that the injured worker receive follow-up psychotherapy services. However, he did not receive any. He was again evaluated in October 2014 by Dr. [REDACTED]. Again, it was recommended that the injured worker receive weekly psychotherapy sessions for 6 months. Although [REDACTED] presented relevant and appropriate documentation to support the need for follow-up psychological services, the request for an initial trial of weekly psychotherapy for 6 months exceeds the ODG recommendation of an "initial trial of 6 visits over 6 week." Utilizing this guideline, the request for "Individual Cognitive Behavior Therapy Sessions 1 times a week times 6 months" is not medically necessary.