

Case Number:	CM14-0202919		
Date Assigned:	12/15/2014	Date of Injury:	09/11/2011
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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 a licensed Psychologist (PHD, PSYD 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 9/11/2011. The injured worker sustained injury to his back and bilateral shoulders when he hit his shoulder as well as twisted his body while catching a patient from falling. The injured worker sustained these injuries while working as a personal care assistant at ██████████. The injured worker has received various treatments for his orthopedic injuries including medication, chiropractic, massage, and surgery. It is also reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injuries and chronic pain. In his Psychiatric Agreed Medical Re-Evaluation dated 8/27/14, ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode, severe; (2) Panic disorder; (3) Insomnia disorder; and (4) Erectile dysfunction, acquired, moderate. The injured worker has been receiving psychological services from treating Psychologist, ██████████, since May 2014. In his most recent "Psychological Status Report" dated 10/23/14, ██████████ diagnosed the injured worker with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Depressive disorder, NOS; and (3) Anxiety disorder, NOS. The injured worker has completed 18 psychotherapy sessions to date. The request under review is for an additional 6 psychotherapy sessions including CBT.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychotherapy sessions including Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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

Decision rationale: The CA MTUS does not address the treatment of depression; therefore, the Official Disability Guideline related to the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker was initially evaluated in May 2014 and followed-up with outpatient psychotherapy for a total of 18 completed sessions to date. Psychological Status Reports offer relevant and appropriate information regarding the number of sessions completed, the services being offered and the goals of treatment, as well as the progress and improvements from those services. Despite this, the ODG recommends a "total of up to 13-20 sessions over 13-20 weeks." Utilizing this guideline, the request for an additional 6 sessions above the already completed 18 sessions, exceeds the recommended number of sessions. As a result, the request for "6 Psychotherapy sessions including Cognitive Behavioral Therapy" is not medically necessary.