

Case Number:	CM14-0207880		
Date Assigned:	12/19/2014	Date of Injury:	06/05/2013
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 40 year-old male (██████████) with a date of injury of 6/5/2013. The injured worker sustained injury to his back when he was working on a wheelchair lift while working for ██████████. He has been diagnosed with: Radiculopathy; Herniated nucleus pulposus; HNP; and Retrolisthesis. It is also reported that the injured worker developed psychological symptoms secondary to his work-related orthopedic injuries and pain. In their psychiatric evaluation dated 10/30/14, Dr. ██████████ and Dr. ██████████ diagnosed the injured worker with Depressive Disorder, NOS. In that same report, it was recommended that the injured worker receive follow-up medication management services as well as cognitive behavioral therapy. The request under review is for an initial trial of 12 psychotherapy sessions per Dr. ██████████ and Dr. ██████████ recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy; once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 101.

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 California MTUS does not address the treatment of 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 developed symptoms of depression secondary to his work-related orthopedic injuries and chronic pain. He completed an initial psychiatric evaluation with Dr. [REDACTED] and Dr. [REDACTED] in October 2014. At that time, the psychiatrists recommended follow-up medication management services as well as 12 sessions of psychotherapy. Despite their recommendations, the request for an initial trial of 12 psychotherapy sessions exceeds the Official Disability Guidelines recommendations which suggest an "initial trial of 6 visits over 6 weeks." Additionally, the injured worker has not completed a thorough psychological evaluation with testing that could offer more specific and appropriate treatment recommendations. As a result, the request for cognitive behavioral therapy once a week for 12 weeks is not medically necessary.