

Case Number:	CM14-0209066		
Date Assigned:	12/22/2014	Date of Injury:	08/13/2007
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 44 year-old female [REDACTED] with a date of injury of 8/13/2007. The injured worker sustained injury when a 3 drawer file cabinet fell from a high shelf and struck her in the back of the head while working for [REDACTED]. She has been diagnosed with post-concussion syndrome and continues to experience headaches. It is also reported that the injured worker developed psychological symptoms of depression secondary to her work-related injury. She has been diagnosed with Major Depressive Disorder and has been receiving psychotropic medication management services from [REDACTED]. The request under review is for 6-12 sessions with a therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-12 Sessions of therapy with Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 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 CA 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 has been experiencing psychological symptoms of depression secondary to her work-related injury. It was reported in the Peer Review Report dated 11/21/14 that the injured worker had previously been authorized for 4 psychotherapy sessions in September 2014, however, there is no mention of this nor any records of prior psychological services included for review. It is unclear as to whether any prior services were completed. Despite this, there is no psychological evaluation with testing data offering additional diagnostic information and appropriate treatment recommendations. Therefore, the request for initial therapy is premature. Lastly, the request for 6-12 sessions is too expansive and needs to be more specific. As a result, the request for "6-12 Sessions of therapy with Psychologist" is not medically necessary.