

Case Number:	CM15-0135221		
Date Assigned:	07/23/2015	Date of Injury:	05/13/2011
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 57-year-old male who sustained an industrial injury on 05/13/2011 due to an assault at work and various work stressors, including possible retaliation in the form of being assigned to teach all girls dance classes. Diagnoses include major depressive disorder, single episode, and moderate with anxiety. Treatment to date has included medications and psychological evaluation. Doctor's First Report of Occupational Injury or Illness of 06/09/2015, the IW reported anxiety, depression, sleep difficulties, nightmares, irritability, social withdrawal, tearfulness, cognitive difficulties and headaches. He was tearful, fatigued and his facial expression was downcast. Work status: return to regular work 09/09/15. UR of 06/19/15 non- certified a request was made for 12 individual cognitive behavioral oriented psychotherapy sessions, indicating that a psychological evaluation had been performed but no information had been provided regarding that or previous history. No further records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Oriented Psychotherapy, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS refers to behavioral intervention in chronic pain. Official Disability Guidelines, Mental Illness & Stress, Cognitive Therapy for Depression.

Decision rationale: Cognitive behavior therapy for depression is recommended based on meta- analyses that compare its use with pharmaceuticals. In UR of 06/19/15 it is indicated that the patient received psychological evaluation but no results were provided. ODG guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. No current records were provided with rationale to support this request, which is therefore not medically necessary.