

Case Number:	CM15-0189513		
Date Assigned:	10/01/2015	Date of Injury:	10/22/2007
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male who sustained a work-related injury on 10-22-07. The injured worker underwent an Initial psychological evaluation on 7-11-12 for diagnoses of depressive disorder, sleep disorder and pain disorder. On 3-31-15, the injured worker reported anger, anxiety, concentration problems, depressed mood, fear, an increase in appetite, irritability and sexual dysfunction. He reported sleep disturbances and struggled with activities of daily living. He reported worry about his persistent pain. He appeared dysphoric and his affect was normal. His BAI score was 47 and his BDI score was 49. On 6-4-15, the injured worker appeared depressed, irritable and tense. His affect was normal. A BAI score was 44 and BDI score was 54. On 8-18-15 the injured worker reported anger, anxiety a depressed mood, increased appetite, irritability, and sleep disturbance. He was worried about the financial strain and persistent pain. Objective findings included dysphoria and a normal affect. His BAI score was 47 and BDI score was 50. His medication regimen on 8-4-15 included Norco 7.5 mg, gabapentin, Paxil 20 mg, Prilosec, Anaprox, Norflex and Ambien. A request for cognitive behavioral therapy and relaxation training for six sessions was received on 9-8-15. On 9-14-15, the Utilization Review physician determined cognitive behavioral therapy and relaxation training for six sessions was not medically necessary based on the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy and Relaxation Training, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in July 2012. It is unclear as to the type and number of services completed following that evaluation. There is a PR-2 report from 2013 that fails to offer this information. Additionally, the most recent PR-2 report dated 8/18/15, does not indicate the number of completed sessions in 2015 nor the progress and improvements truly gained as a result of the services. In the treatment of depression, the ODG recommends "up to 13-20 session over 7-20 weeks, if progress is being made. In cases of severe major depression or PTSD, up to 50 sessions if progress is being made." Although the injured worker continues to be symptomatic as reported in the PR-2 report, the documentation fails to provide sufficient information to substantiate the need for additional treatment. As a result, the request for 6 CBT and relaxation training sessions is not medically necessary.