MAXIMUS Federal Services

Case Number:	CM15-0201128		
Date Assigned:	10/16/2015	Date of Injury:	08/31/2010
Decision Date:	12/01/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/13/2015

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
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:

The injured worker is a 60 year old male, who sustained an industrial injury on 8-31-2010. The medical records indicate that the injured worker is undergoing treatment for traumatic brain injury, anxiety, and depression, secondary to chronic pain. According to the progress report dated 9-21-2015, the injured worker presented with complaints of re-emergence of psychiatric symptoms following the denial of his treatments. The mental status examination reveals constrained affect with predominantly depressed mood. The current medications are Percocet, Norco, Klonopin, Trazodone, Motrin, and Prilosec. Treatments to date include medication management and psychotherapy. Work status is described as disabled as a result of his injuries. The original utilization review (10-3-2015) had non-certified a request for 6 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress-Cognitive therapy for depression.

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 has been experiencing an exacerbation in psychiatric symptoms for the past several months. In the report dated 9/21/15, [redacted], reports that the injured worker received psychological services for a few years until September 2014. At which time, further psychological treatment was denied. It appears from the documentation that the injured worker began de-compensating slowly since that time. Considering that the injured worker has not received any psychotherapy for over one year, the request for an additional 6 sessions appears reasonable to help the injured worker review the skills previously learned and to stabilize his symptoms. As a result, the request for 6 CBT sessions is medically necessary.