

Case Number:	CM15-0021941		
Date Assigned:	02/11/2015	Date of Injury:	08/13/2012
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 32 year old male, who sustained a work as a field manager at a bakery on 8/13/12 when struck by a falling table. He has reported symptoms of neck and back pain that led to sleep disruption, depression, anxiety, panic attacks. Prior medical history was not documented. The diagnoses have included depressive disorder. Treatments to date included mediation, chiropractic care, and psychotherapy. The treating physician's report of 12/10/14 noted increasing emotional condition and decline in function. This was accompanied by manifestation of symptoms of headache, neck/shoulder/low back/ muscle tension/pain and abdominal cramping. Request was made for Cognitive Behavior Therapy due to increased symptoms of anxiety, depression, and panic symptoms. On 1/26/15, Utilization Review non-certified Cognitive Behavior Therapy, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental illness and stress and pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): Page(s) 23, 100-102. Decision based on Non-MTUS Citation Chapter: Stress and Mental illness Topic: Cognitive therapy for depression

Decision rationale: The submitted documentation suggests that the injured worker suffers from chronic pain and depressive disorder NOS as the consequence of the industrial injury and has been in psychotherapy treatment. It has been documented that he has undergone 19 sessions of Cognitive Behavior Therapy so far with no evidence of objective functional improvement. The injured worker has already exceeded the guideline recommendations and thus a request for Cognitive Behavior Therapy; unspecified number of sessions is not medically necessary.