

Case Number:	CM15-0030394		
Date Assigned:	02/24/2015	Date of Injury:	12/14/2007
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 45 year old male, who sustained an industrial injury on December 14, 2007. The diagnoses have included depressive disorder and chronic pain syndrome. Treatment to date has included medication and cognitive behavioral therapy. Currently, the injured worker complains of depression and exhibits a moderate range in affect. He reported an overall improvement in mood and functioning. He reports an increase in endurance and an understanding of the use of coping skills for mood/pain management. On January 27, 2015 Utilization Review non-certified a request for 12 cognitive behavioral therapy sessions, noting that the request exceeds the guideline recommendations for therapy. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of 12 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 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 continues to experience symptoms of chronic pain as well as depression. He has been receiving psychological services from [REDACTED], under the supervision of [REDACTED], and psychiatric medication management services from [REDACTED]. It appears that the injured worker has completed 15 of 15 authorized individual psychotherapy sessions with [REDACTED]. Although he has been able to demonstrate some objective functional improvements despite some continued symptoms and would benefit from additional psychotherapy, the request for an additional 12 sessions exceeds both CA MTUS and ODG recommendations. As a result, the request for an additional 12 sessions is not medically necessary.