

Case Number:	CM15-0032457		
Date Assigned:	02/25/2015	Date of Injury:	09/29/2012
Decision Date:	07/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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 57-year-old male sustained an industrial injury to the head and cervical spine on 9/29/12 via a motor vehicle accident. The injured worker suffered from ongoing migraine headaches, depression and cognitive difficulties. The injured worker was treated with ongoing psychotherapy, cognitive behavioral therapy and medications. Documentation did not disclose the number of previous cognitive behavioral therapy sessions. In a PR-2 dated 2/13/15, the injured worker continued to learn and implement coping skills. The physician noted that the injured worker continued to be depressed with cognitive difficulties. The injured worker was scheduled to undergo a full neurocognitive assessment battery with a neurosurgeon on 3/11/15. Current diagnoses included moderate, recurrent major depressive disorder, adjustment disorder and cognitive disorder. The treatment plan included continuing cognitive behavioral therapy and continuing neurologic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitive Behavioral Therapy (CBT).

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 receiving individual psychotherapy from treating psychologist, [REDACTED], for an unknown number of sessions. In the most recent PR-2 report prior to the request, dated 2/4/15, [REDACTED] notes that the injured worker "continues to show progress" with "improved mood and affect" as well as being "more physically and socially active." Despite the progress, he continues to experience anxiety and depression as well as chronic pain. As a result, additional treatment was recommended. In the treatment of depression, the ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Unfortunately, the submitted documentation fails to identify the number of completed sessions to date nor does it indicate more measurable progress that has been achieved as a result of the completed services. As a result, the request for an additional 6 CBT sessions is not medically necessary.