

Case Number:	CM15-0039269		
Date Assigned:	03/09/2015	Date of Injury:	05/13/2010
Decision Date:	04/16/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/02/2015

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 38-year-old male, who sustained a work related injury on 5/13/10. He dropped a piece of glass and a piece ricocheted and cut his left patellar tendon. He was picking up big pieces of glass and injured his lumbar spine and right leg. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood and anxiety/depression related to physical pain and inability to work. Treatments to date have included medications, physical therapy and left knee surgery. In the PR-2 dated 1/21/15, the injured worker complains of getting mad easily. Everything bothers him. He feels bad when others ask him if he is working. He states his wife tries to calm him down. She tries to be patient. He has constant low back pain. He states "men don't cry, bit I want to." He is not finding much to do around the home. He wants to work. He is irritable with anger outbursts. He is forgetful. He finds it difficult to concentrate. He doesn't have much motivation. The treatment plan is for 12 sessions of cognitive behavioral psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy twelve sessions biweekly (every other week) twelve visits over twenty-four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 January 2015. In that report, [REDACTED] recommended 12 cognitive behavioral psychotherapy sessions for which the request under review is based. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this guideline, the request for an initial 12 sessions exceeds the recommendation and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.