

Case Number:	CM15-0047557		
Date Assigned:	03/19/2015	Date of Injury:	10/27/1995
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 64 year old male who sustained an industrial injury on 10/27/95. The injured worker reported symptoms of depression and anxiety. The injured worker was diagnosed as having major depressive disorder single episode unspecified, generalized anxiety disorder and psychological factors affecting medical condition. Treatments to date have included oral benzodiazepines, selective serotonin reuptake inhibitors, proton pump inhibitor, and topical opioid patch. Currently, the injured worker complains of depression, anxiety, headaches, neck shoulder and back tension. The plan of care was for Cognitive Behavior Psychotherapy and psychological testing and a follow-up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy (CBT) Sessions (x6 Over next 3 Months or more as-needed basis): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments.

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 last received psychotherapy for his work-related injury and subsequent psychiatric symptoms several years ago. On 12/26/14, the injured worker was re-evaluated due to an exacerbation of his psychiatric symptoms and it was recommended that he receive an initial trial of 6 psychotherapy visits over a 3 mos. duration. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given the fact that the injured worker has not received any psychological services for quite some time, it is likely that weekly sessions would be extremely helpful in re-learning and/or reviewing the skills previously learned as set forth by the ODG. As a result, the request for 6 sessions over 3 mos. is not medically necessary. It is noted that the injured worker did receive a modified authorization for 6 weekly sessions in response to this request.

Psychological Testing: BDI, BAI, BHS, ISI (retrospective 1/6/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker last received psychotherapy for his work-related injury and subsequent psychiatric symptoms several years ago. On 12/26/14, the injured worker was re-evaluated due to an exacerbation of his psychiatric symptoms. In the re-evaluation, psychological tests were utilized to assess current symptoms and functioning. These tests were necessary in order to provide a thorough and comprehensible re-evaluation. As a result, the request for retrospective use of the BDI, BAI, and ISI is medically necessary.