

Case Number:	CM15-0060824		
Date Assigned:	04/07/2015	Date of Injury:	09/19/2002
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 37-year-old male who sustained an industrial injury on 09/19/2002. Diagnoses include major depressive disorder secondary to general medical condition; anxiety disorder with panic attacks. Treatment to date has included medications. Diagnostics performed to date included MRIs and electrodiagnostic testing. According to the psychiatric evaluation dated 1/20/15, the IW reported anxiety, stress and depression. He related feelings of hopelessness, poor concentration, chronic fatigue, frustration and restlessness. A request was made for 12 sessions of cognitive behavioral therapy for psychiatric symptoms secondary to his medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant sustained a work-related injury in February 2002 when he was on a roof and slipped with injury to his back. He is now being treated for anxiety, stress, and depression. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 13-20 weeks. In this case the number of visits being requested is in excess of that recommended and is not medically necessary.