

Case Number:	CM15-0080184		
Date Assigned:	05/01/2015	Date of Injury:	08/27/2010
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 8/27/10. The injured worker has depressed mood with moderate anxiety daily but no recent panic attacks. The diagnoses have included major depressive disorder, probably recurrent, severe without psychotic features; anxiety disorder, not otherwise specified and alcohol abuse. Treatment to date has included Cialis for his voiding dysfunction; booster dose of Cialis to achieve satisfactory erections and cognitive behavioral therapy. The request was for 6 (CBT) Cognitive Behavioral Therapy Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 (CBT) Cognitive Behavioral Therapy Sessions: Upheld

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

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 psychological services from [REDACTED] and or her colleagues. In a PR-2 report dated 5/7/14, [REDACTED] discusses the injured workers continued services. There are no records prior to this report included for review. As a result, it is unclear as to the number of completed sessions prior to May 2014. Despite the lack of information prior to May 2014, it appears that the injured worker has completed at least 18 biweekly psychotherapy sessions between March 2014 through March 2015 (with 3 more authorized sessions yet to be completed). The ODG recommends a total of up to 13-20 psychotherapy sessions as long as CBT is being completed and there is evidence of objective functional improvements. Since the injured worker has already completed at least 18 sessions, with an additional 3 sessions left, an additional 6 sessions exceeds the ODG recommendations. As a result, the request for an additional 6 CBT sessions is not medically necessary.