

Case Number:	CM14-0202450		
Date Assigned:	12/12/2014	Date of Injury:	06/08/2012
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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. The expert reviewer is Board Certified in Psychologist (PHD, PSYD), and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year-old female () with a reported industrial injury on June 8, 2012. The mechanism of the injury is said to be sustained stress related to the performance of job duties. The injured worker was seen on November 3, 2014, for follow-up visit with Psychologist. The presenting complaints included being anxious and worried about her future as she has become very labile while being unable to leave the house or attend to daily responsibilities over the past several weeks. The objective findings included no reporting of an increase in psychiatric medication, significant depression and anxiety, and affective instability that was partially attributed to a recent discontinuation of benefits as well as from feeling worthless since the loss of work function. The injured worker also complains of frustrations related to not receiving treatment for her hypertension and other medical conditions. The treatment plan included uninterrupted psychiatric medication management and psychological treatment every two to four weeks for a ten month period. The diagnostic studies were not discussed. The medical treatment is Bupropion SR, Temazepam, Ambien and Hydrochlorothiazide. Diagnoses are Major Depressive Disorder recurrent and Personality Disorder NOS. On November 20, 2014, the provider requested six Cognitive Behavioral Therapy Sessions and Re-evaluation. On November 26, 2014, the Utilization Review non-certified the provider's request for six Cognitive Behavioral Therapy Sessions and Re-evaluation, based upon insufficient information.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral therapy sessions and reevaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive Behavioral Therapy

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; Psychotherapy Guidelines: Cognitive Behavioral Therapy (CBT)

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker has been participating in psychotherapy sessions. It appears that the injured worker has completed at least 18 psychotherapy sessions. In the PR-2 report dated 7/1/14, it is noted that the injured worker "has completed 14 of her 18 authorized sessions of cognitive behavioral therapy." The PR-2 report dated 11/3/14 noted an additional 6 completed sessions. Given this information, the request for an additional 6 CBT sessions exceeds the ODG recommendations which recommend a "total of 13-20 psychotherapy visits." As a result, the request for "6 cognitive behavioral therapy sessions and re-evaluation" is not medically necessary.