

Case Number:	CM15-0107376		
Date Assigned:	06/11/2015	Date of Injury:	12/15/2009
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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:

This 38 year old female sustained an industrial injury on 12/15/09. She subsequently reported right wrist pain. Diagnoses include carpal tunnel syndrome, ulnar nerve tension and depression. Treatments to date include x-ray and MRI testing, right wrist surgery, physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience depression. Upon examination, there was no significant change in the injured worker's psychological functioning or status. The injured worker has difficulty coping with her limitations and has no plans for her future. A request for 8 Individual sessions of Cognitive Behavioral Therapy for depression was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Individual sessions of Cognitive Behavioral Therapy for depression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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 psychiatric medication management services from treating psychiatrist, [REDACTED], for quite some time. In the January 2015 progress note, [REDACTED] recommended psychotherapy sessions for the treatment of depression and pain. It appears that the subsequent request was denied. In the May 2015 progress note, [REDACTED] noted an increase in existing symptoms and the commencement of new symptoms. He once again recommended psychotherapy services for which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 8 individual CBT sessions appears reasonable. As a result, the request for 8 individual CBT sessions for depression is medically necessary. It is noted that the injured worker did receive a modified authorization of an initial 4 sessions in response to this request.