

Case Number:	CM15-0110487		
Date Assigned:	06/10/2015	Date of Injury:	05/08/2008
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 53-year-old male, who sustained an industrial injury on 5/8/08. The injured worker was diagnosed as having major depressive disorder, recurrent episode. Treatment to date has included cognitive behavioral therapy and psychotropic medication. Currently, the injured worker reports continued implementation of coping skills to reduce stress, increased social activity and increasing of activities of daily living. Objective findings noted the injured worker continued to be depressed and anxious. The treatment plan included 6 additional sessions of cognitive behavioral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive Behavioral Therapy x 6 Sessions Qty 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

Decision rationale: MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made," the injured worker has been diagnosed with major depressive disorder, recurrent episode without psychotic features. Treatment to date has included cognitive behavioral therapy and psychotropic medications. Per the progress report dated 3/25/2015, the injured worker has had some functional improvement in form of increased social activity and improved affect. The request for Additional Cognitive Behavioral Therapy x 6 Sessions Qty 6 is medically necessary for continued treatment. I will respectfully disagree with UR physician's decision.