

Case Number:	CM15-0113078		
Date Assigned:	06/19/2015	Date of Injury:	07/16/2014
Decision Date:	09/02/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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 45 year old male, who sustained an industrial injury on 7/16/2014. He reported being an officer, involved in a robbery and shooting resulting in deaths. Diagnoses have included depression and post traumatic stress disorder. Treatment to date has included psychotherapy and medication. According to the psychiatric evaluation dated 4/15/2015, the injured worker's affect was irritable and tense. He reported feeling angry. He had become intolerant and short tempered. His mood was sad. He had feelings of worthlessness. He had been started on Zoloft, but experienced side effects so it was discontinued. He was started on Brintellix. Authorization was requested for cognitive behavioral therapy, once a week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 1 time a week for 12 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/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 request for Cognitive behavioral therapy, 1 time a week for 12 weeks is not medically necessary at this time as he has undergone psychotherapy treatment in the past but there is no information regarding the number of sessions completed so far or any objective functional improvement with the treatment so far. Based lack of information regarding prior treatment, the request for further treatment is not medically necessary.