

Case Number:	CM15-0118312		
Date Assigned:	06/26/2015	Date of Injury:	09/24/2008
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 55 year old male who sustained an industrial injury on 09/24/08. Initial complaints and diagnoses are not available. Treatments to date include medications, psychotherapy, and cognitive behavioral therapy diagnostic studies are not addressed. Current complaints include low energy, low motivation, and irritability. Current diagnoses include recurrent major depressive disorder. In a progress note dated 06/02/15 the treating provider reports the plan of care as medications and additional cognitive behavioral therapy. The requested treatments include 8 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual psychotherapy/CBT x 8 weekly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT), Mental illness and stress regarding cognitive therapy for depression, Psychotherapy 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 continues to experience chronic pain since his injury in 2008. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related injuries. According to the June 2015 UR determination letter, the injured worker completed 30 sessions of psychotherapy prior to meeting with current provider, [REDACTED]. It further indicated that the injured worker had completed 8 sessions with [REDACTED] in 2015. Unfortunately, this cannot be confirmed as [REDACTED] progress notes fail to indicate the number of sessions completed. Additionally, the notes are vague and do not offer much information regarding the interventions being used during the psychotherapy sessions and the progress that has been made as a result of the treatment. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Without information about the completed services such as the number of completed sessions and the progress from those sessions, the need for additional treatment cannot be fully determined. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary.