

Case Number:	CM15-0128718		
Date Assigned:	07/15/2015	Date of Injury:	07/21/1997
Decision Date:	08/12/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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 54 year old male who sustained an industrial injury on 07/21/97. Initial complaints and diagnoses are not available. Treatments to date include facial reconstruction, cognitive behavioral therapy, and psychological treatment sessions. Diagnostic studies are not available. Current complaints include worry, sadness, fatigue, anger, and irritability. Current diagnoses include cognitive disorder and adjustment disorder with mixed anxiety and depressed mood. In a progress note dated 05/28/15 the treating provider reports the plan of care as cognitive behavioral therapy. The requested treatment is cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cognitive behavioral therapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Cognitive therapy.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving neuropsychological services from [REDACTED], under the supervision of [REDACTED], for an unknown number of total sessions. In the most recent PR-2 report dated 5/28/15, there is no mention of the total number of completed psychotherapy sessions to date. However, progress and improvements were noted. Per the UR determination letter, the injured worker has completed "at least 10" sessions. The ODG recommends "up to 13-20 visits", if progress is being made. Although there is no confirmation of the exact number of completed sessions to date, the injured worker appears to be in need of additional treatment and a request for 3 additional sessions appears reasonable. As a result, the request for an additional 3 CBT sessions is medically necessary. It is suggested that future reports include the number of completed sessions to date.