

Case Number:	CM15-0020551		
Date Assigned:	02/05/2015	Date of Injury:	10/31/2013
Decision Date:	07/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 51 year old female, who sustained an industrial injury on 10/31/2013. Diagnoses include major depressive disorder, unspecified anxiety disorder and psychological factors affecting medical condition. Treatment to date has included medications, work restrictions and psychological care. Per the Psychologist's Initial Report dated 11/03/2014 the injured worker presented as defensive and guarded due to natural personality temperament and depression, anxiety, agitation fatigue and irritability. Once rapport was established she became more open. Physical examination revealed abnormal behavior with visible anxiety, depressive facial expression when describing work stress which began in 2002. The plan of care included, and authorization was requested, for 6 cognitive behavioral sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy, 6 visits: 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) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker developed psychiatric symptoms of depression and anxiety secondary to her orthopedic injuries resulting from cumulative trauma between October 2013-October 2014. The injured worker completed an initial psychological evaluation with [REDACTED] in October 2014. In the initial psychological report, dated 11/3/15, [REDACTED] recommended follow-up psychological treatment, for which the request under review is based. [REDACTED] presented a relevant and appropriate argument for further treatment. In the treatment of depression, the ODG currently recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Utilizing this guideline, the request for an initial 6 visits is reasonable and medically necessary.