

Case Number:	CM15-0076210		
Date Assigned:	04/27/2015	Date of Injury:	03/22/2007
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 63 year old male sustained an industrial injury on 3/22/07. He subsequently reported low back pain. Diagnoses include major depressive disorder. Treatments to date have included surgery, modified work duty and psychological therapy. The injured worker currently experiences depression and anxiety. Upon examination, a battery of psychological testing was performed. A request for Cognitive Behavioral Therapy 4 sessions with evidence of functional improvements another 10 sessions over 10 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 4 sessions with evidence of functional improvements another 10 sessions over 10 weeks needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) 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) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the minimal medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/25/15. The request under review is based on [REDACTED] report and includes not only the initial sessions, but subsequent sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression, which is the diagnosis given by [REDACTED]. It further indicates that a total of 13-20 visits may be provided as long as there is evidence that CBT is being conducted and there is objective functional improvements being made. Unfortunately, the request under review is not only for 4 initial sessions, but for an additional 10 follow-up sessions, which is premature at this time. As a result, the request is not medically necessary. It is suggested that future requests be separate from one another.