

Case Number:	CM15-0095458		
Date Assigned:	05/22/2015	Date of Injury:	10/01/2013
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 42 year old female, who sustained an industrial injury on October 1, 2103. She reported headaches, stress, neck pain, sleep disruptions, mood swings, suicidal outbursts, cynicism and tearful outbursts. The injured worker was diagnosed as having dysthymic disorder and major depressive disorder. Treatment to date has included radiographic imaging, diagnostic studies, medications, a psychological evaluation and work restrictions. Currently, the injured worker complains of headaches, stress, neck pain, sleep disruptions, mood swings, suicidal outbursts, cynicism and tearful outbursts. The injured worker reported an industrial psychological injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the symptoms. Evaluation on April 22, 2015 revealed continued emotional disturbances. She reported being a special education aide in a school district and being assigned with an inappropriate assignment. She also reported family related stress and problems with her own child. She reported receiving undue disciplinary action from the principal of the school. It was noted she had multiple outbursts of uncontrollable crying during the interview. Twelve sessions of cognitive behavioral therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT), 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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 psychiatric symptoms related to her work-related injury in October 2013. According to the psychological evaluation dated 4/22/15, [REDACTED] diagnosed the injured worker with Major Depressive Disorder and recommended an initial course of 12 cognitive-behavioral sessions. The ODG recommends CBT for the treatment of depression and states, "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline and the recommendations from [REDACTED], the request for 12 sessions of CBT appear reasonable and medically necessary.