

Case Number:	CM15-0099174		
Date Assigned:	06/01/2015	Date of Injury:	07/19/2004
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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 was a 39-year-old male, who sustained an industrial injury, July 19, 2004. The injured worker previously received the following treatments 8 mental health visits, Ibuprofen and Alprazolam. The injured worker was diagnosed with chronic back pain, anxiety disorder major depressive disorder, panic disorder with agoraphobia, sleep terror disorder. According to progress note of April 17, 2015, the injured workers chief complaint was consistent with subjective findings. The Subjective findings were based on the injured worker's impairments of sleep, concentration, memory, emotional control and stress intolerance. The treatment plan included 12 sessions of behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

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 has been receiving both individual and group psychotherapy for an unknown number of sessions for the treatment of his psychiatric symptoms secondary to his orthopedic work-related injury and chronic pain. Although [REDACTED] notes offer appropriate information regarding interventions, there is no mention as to the number of completed sessions nor the exact progress that is being made. It is understandable that further treatment will possibly prevent decompensation however; the provided documentation fails to substantiate the need for an additional 12 sessions. The ODG recommends up to 13-20 visits, if progress is being made. Without knowing the number of completed sessions nor the progress, the need for additional treatment cannot be fully determined. As a result, the request for an additional 12 sessions of cognitive behavioral therapy is not medically necessary.