

Case Number:	CM14-0079044		
Date Assigned:	07/18/2014	Date of Injury:	03/15/2010
Decision Date:	09/25/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/29/2014

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 43-year-old male who sustained an industrial injury on 3-15-10. In a psychological consultation report and request for authorization of treatment dated 4-9-15, the provider notes the Beck Depression Inventory score was 45 and the Wahler Physical Symptoms Inventory score was 3.21. The Pain Disability Report reflects that pain was rated at 10 out of 10 at its worst, and an average of 7 out of 10 and at its least as 5 out of 10. He takes Ibuprofen. His mood is noted as depressed, sad, anxious, angry, and despondent. Suicidal risk and compulsions are noted. Diagnoses per the Agreed to Medical Examiner on 1-13-14 are noted by the consulting provider as Major Depression, post right carpal tunnel surgery- 2010, post left carpal tunnel surgery-2010, myoligamentous cervical spine strain, mild tendinitis and impingement syndrome of both shoulders, recurrent median neuropathy in upper extremities, myoligamentous lumbar spine strain, lumbar spondylosis, bilateral bursitis, and malignant obesity. The provider notes it is well documented and confirmed by this psychologist during this current consultation that treatment recommended is necessary in order to stabilize him to the point where he may be able to maintain at his current level of permanent disability. A request for authorization dated 4-28-14 lists cognitive behavioral therapy, biofeedback, and a consultation with a psychiatrist. The requested treatment is 6 initial cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Initial individual cognitive behavioral therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation www.odg-twc.com; section: Stress/Mental.

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 completed a psychological evaluation with [REDACTED] in April 2014. In the subsequent report, [REDACTED] diagnosed the injured worker with depression and recommended follow-up psychotherapy services. The request under review, for an initial 6 sessions, is based on this recommendation. At the time of the request, the ODG recommended "an initial trial of 6 visits over 6 weeks". [REDACTED] provided adequate information to support the request for an initial 6 sessions. As a result, the request for 6 initial individual cognitive behavioral therapy sessions is medically necessary.