

Case Number:	CM13-0010414		
Date Assigned:	09/18/2013	Date of Injury:	05/13/2002
Decision Date:	01/15/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Psychology, and is licensed to practice in California. 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 42 year-old female [REDACTED] with a date of injury of 5/13/02. According to medical reports, the claimant injured herself while lifting a box of bananas, weighing approximately 50 pounds, while working as a cashier/stocking person at [REDACTED]. She has ben diagnosed with the following medcial diagnoses: chronic postoperative pain; postlaminectomy syndrome, lumbar; radiculitis lumbar; lumbago; degeneration intervertebral disc, lumbar; pain in soft tissues of limb; pain in joint, pelvis, and thigh region; myalgia; and insomnia. She has also been treated by a psychiatrist and marriage and family therapist who have diagnosed her with: (1) depressive disorder NOS; (2) pain disorder associated with psychological factors and a general medical condition; (3) psychological factors affecting a medical condition; and (4) opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy 2x monthly for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Cognitive therapy for depression and Psychotherapy Guidelines

Decision rationale: Based on the medical records provided, it appears that the employee began receiving psychological services, following the psychiatric evaluation on 10/15/12. Based on the PR-2 reports submitted, the employee was being seen 2X/month. It is unclear why the employee did not begin services weekly as suggested by the Official Disability Guidelines. According to those guidelines, it is recommended that cognitive behavioral therapy be provided for the treatment of depression with an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. The request for biweekly visits was obviously authorized and it appears that the employee has received at least 16 sessions, although it is unclear from the medical records exactly how many sessions have been completed. In all seven of the PR-2 reports, the LMFT (licensed marriage and family therapist) states that the employee "continues to benefit from psychotherapy", but there is not enough information outlining her benefits to demonstrate objective functional improvement. There is a lack of information regarding objective functional improvements and exact number of sessions already completed. The request for cognitive behavioral therapy 2x monthly for 2 months is not medically necessary and appropriate.