

Case Number:	CM13-0029537		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	02/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/26/2013

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 46 year-old male (██████████) with a date of injury of 9/16/11. While working for ██████████, the claimant sustained injuries to his back, neck, head, left shoulder, and left hand when he fell approximately 3 feet off a machine, landing on his left side and head. In an "Initial Comprehensive Interventional Pain Management Evaluation" conducted on 8/20/13 by ██████████, the claimant was diagnosed with: (1) Degen lumb/lumbosac intervert disc; (2) lumbosac spondylosis w/o myelopathy; (3) spinal stenosis of lumbar region; (4) lumbago; (5) thor/lumbosacr l nurit/radiculit uns; (6) spasm of muscle; and (7) unspecified myalgia and myositis. He has been treated for his medical conditions using physical therapy, medications, and chiropractic services. Additionally, the clamant has developed psychiatric symptoms as the result of his work-related injury. In all of his PR-2's , psychiatrist, ██████████, has diagnosed the claimant with: (1) Major Depressive Disorder, single episode, moderate; (2) Sleep Disorder due to pain, insomnia type; (3) Male hypoactive sexual desire disorder due to pain; and (4) R/O Pain Disorder associated with both psychological factors and a general medical condition. He has been treated utilizing both psychotherapy and medications. Additionally, ██████████ performed an "Agreed Medical Re-Evaluation in Psychiatry" on 5/9/13 and diagnosed the claimant with the same diagnoses. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy 1 week x 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychotherapy services from [REDACTED], and has also been receiving medication management services from [REDACTED] since March 2013. Both are with the [REDACTED]. It is unclear as to how many sessions have already been completed as this information is not clearly delineated from the psychiatric medical records. In the treatment of depression, the ODG recommends 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. Despite not knowing exactly how many sessions have already been completed, the request for "cognitive behavioral psychotherapy 1X week for 24 weeks" exceeds the total number of sessions as recommended by the ODG. As a result, the request for "cognitive behavioral psychotherapy 1 week x 24 weeks" is not medically necessary. It is noted that the claimant was authorized to receive 12 sessions as a modification of this request.