

Case Number:	CM13-0041404		
Date Assigned:	12/20/2013	Date of Injury:	04/21/2010
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician reviewer was selected based on 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. 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 32 year-old male (██████████) with a date of injury of 4/21/10. According to medical reports, the claimant sustained injuries to his back when he lifted an 85 lb. cement bag while working for ██████████. The injury has resulted in persistent and multiple physical symptoms in which the claimant has been treated via surgery, physical therapy, acupuncture, chiropractic, H-Wave, and medications. In addition to the physical symptoms/conditions, the claimant has also been experiencing psychiatric symptoms as the result of his work-related injury. In his "Confidential Psychological Pain Management Evaluation" dated 11/1/12, ██████████ diagnosed the claimant with Adjustment Disorder with depressed mood. This diagnosis was again provided in ██████████ "Psychological Pain Management Progress Report" dated 5/13/13. It is the claimant's psychiatric diagnosis that is 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 (6 sessions over 4 months): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines will be used as reference in this case as the CA MTUS does not address the psychological treatment of depression. Based on the review of the medical records, it appears that the claimant received 6 sessions of psychotherapy since the initial psychological evaluation conducted by ██████████ on 10/22/12. In his report, ██████████ recommended "ten sessions of treatment...with the patient's participation and progress monitored and reported". In response to the request, 6 sessions were authorized on 11/12/12. In his "Psychological Pain Management Supplemental Report" dated 2/22/13, ██████████ indicated that the claimant had completed 3 of the 6 authorized sessions. He also recommended a medical pain management consult and a functional restoration program. The consult was authorized while the program was denied. In his "Psychological Pain Management Progress Report" dated 5/13/13, ██████████ indicated that the claimant had completed all 6 previously authorized sessions and recommended an additional 6 sessions. It appears that those sessions were not officially requested until September 2013 and is the request currently under review. It is unclear why so much time elapsed between ██████████ report on 5/13/13 and his request for authorization in September 2013. Although the request for an additional 6 sessions falls within the total number of sessions recommended by the Official Disability Guidelines, the duration of time for which the sessions have and will be completed does not. The ODG recommends an "initial trial of 6 psychotherapy visits over 6 weeks" and "with evidence of objective function improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Since the duration of time for completed services does not follow the cited guidelines, the request for "Cognitive Behavioral Psychotherapy (6 sessions over 4 months)" is not medically necessary.