

Case Number:	CM13-0051293		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2003
Decision Date:	03/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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 66 year-old female (██████████) with a date of injury of 4/22/03. The claimant sustained injury to her back, knee, and psyche while employed with ██████████. The mechanism of injury was not found within the medical reports. In his PR-2 report dated 12/3/13, ██████████ diagnosed the claimant with: (1) Low back pain; (2) Right lumbar radiculopathy/lumbar spondylosis; (3) DDD/L/S spine; (4) Insomnia, cervicgia, bilateral hip(right greater than left) and bilateral knee arthralgia; (5) SI jt. Dysfunction versus nerve irritation or combination of both; and (6) Depression. She is also diagnosed by ██████████ with: (1) Major depression, single episode; (2) Chronic pain disorder; and (3) Generalized anxiety disorder. 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 sessions (once a month for 6 months): Upheld

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

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 CA MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference in this case. Based on the review of the available medical records, the claimant has been receiving psychotherapy services from [REDACTED] since 2009. It is reported by [REDACTED] that the claimant has only completed 40 sessions since that time. Given the nature of the claimant's pain and psychiatric symptoms, the total number of psychotherapy sessions set forth in the guidelines does not apply to this case. Despite this, it is unclear why the sessions only occur monthly given the claimant's continued symptoms. In addition, nowhere within the medical records submitted by [REDACTED] are there specific therapeutic changes to the treatment plan (i.e. Interventions used, number of sessions per month, etc) to accommodate for the claimant's continued symptoms. Without treatment plan updates/changes that take into consideration the claimant's continued need for services, it appears that the ongoing monthly psychotherapy sessions are not producing improvements or even stabilizing the claimant at this time. As a result, the request for an additional 6 psychotherapy sessions over 6 months appears excessive and therefore, not medically necessary.