

Case Number:	CM13-0058881		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2011
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/27/2013

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 Board Certified 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 43 year-old male (██████████) with a date of injury of 12/17/11. The claimant sustained injury to his neck and low back as the result of a vehicle to bus collision while working as a bus driver for ██████████. At that time, he was diagnosed with lumbar strain, cervicalgia, cervical strain, and shoulder strain with pain. The patient was treated with medications, physical therapy, and a functional restoration program. In his "Visit Note" dated 11/27/14, physician assistant, ██████████, and ██████████ diagnosed the claimant with lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. The claimant has also developed psychiatric symptoms of depression and anxiety secondary to his work-related physical injuries. Although he does not have a psychiatric diagnosis listed within the most recent medical records, ██████████ notes the claimant's depressed mood and anxiety symptoms in various visit notes. It is the claimant's psychiatric symptoms 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:

Follow up visits with a psychologist for CBT once weekly for six weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Stress Related Conditions. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 page 1068.

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: The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference in this case. Based on the review of the medical records, the claimant attended and completed a functional restoration program in and some follow-up services. He was unable to fully complete the FRP follow-up services due to financial constraints. Despite having completed the FRP with demonstrated progress and improvement, the claimant has continued to experience symptoms of depression and anxiety as the result of his chronic pain. He saw a therapist through [REDACTED], who recommended further treatment. It is [REDACTED] [REDACTED] recommendation that the claimant receive 6 sessions of psychotherapy as part of the continuity of care since being discharged from the FRP and aftercare sessions. This appears to be a reasonable request considering that the claimant remains symptomatic. 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 provided. The request for "Follow up visits with a psychologist for CBT, one (1) time a week for six (6) weeks" falls within the initial trial of 6 visits set forth by the ODG and therefore, is medically necessary.