

Case Number:	CM13-0062667		
Date Assigned:	12/30/2013	Date of Injury:	02/07/2005
Decision Date:	10/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 50 year-old male with a date of injury of 2/7/05. The claimant sustained injury to his neck and back as the result of a motor-vehicle accident while working as a truck driver for ██████████. In his "Follow Up Pain Management Consultation and Review of Medical Records" report dated 7/10/14, ██████████ offered the following assessment: (1) Cervical myoligamentous injury with 3-4 mm disc protrusions; (2) Bilateral upper extremity radiculopathy, right greater than left; (3) Lumbar spine sprain/strain syndrome; (4) Bilateral lower extremity radiculopathy, left greater than right; (5) Medical-induced sexual dysfunction; and (6) Medication induced gastritis. Additionally, in the "Secondary Treating Physician's Progress Report" dated 5/16/14, ██████████ diagnosed the claimant with: (1) Lumbar spinal stenosis; and (2) Cervical spinal stenosis. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 10/24/13, treating psychologist, ██████████, diagnosed the claimant with: (1) Major depressive disorder, single episode, severe, without psychotic features; and (2) Pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CBT 10 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN AND COGNITIVE BEHAVIORAL THERAPY 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) Mental Illness and Stress Chapter APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010)

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant participated in psychotherapy services with [REDACTED] in 2013. There was one progress note dated 11/21/13 indicating that it was session #4. There were no other psychological notes included for review. Given the lack of psychological information, the number of psychotherapy sessions completed to date as well as the claimant's responses to those services is unknown. The ODG indicates that "with evidence of objective functional improvement, total of up to 13-20 sessions" may be necessary. Additionally, the APA guideline recommends a tapering of sessions during the maintenance phase of treatment. Without sufficient documentation, the need for additional services cannot be fully determined. As a result, the request for "Psych CBT 10 sessions" are not medically necessary.