

Case Number:	CM13-0064791		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2003
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 Physician 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 patient is a 53-year-old male who reported an injury on 06/01/2003. The mechanism of injury was not provided for review. The patient's treatment history included lumbar surgery, epidural steroid injections, a TENS unit, multiple medications, and psychiatric support. The patient was diagnosed with major depressive disorder and anxiety disorder and treated with Wellbutrin and Nuvigil as well as psychiatric cognitive behavioral therapy. The patient's most recent evaluation documented that the patient continued to have psychiatric dysfunction and would benefit from continued psychotherapy. The patient's diagnoses included failed back surgery syndrome with L5 radiculopathy, lumbar spondylosis, and cervical spondylosis and major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x in 6 weeks for 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress Chapter, Cognitive therapy for depression

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress Chapter, Cognitive therapy for depression

Decision rationale: The requested psychotherapy 1 time a week for 6 weeks for 10 visits is not medically necessary or appropriate. The Official Disability Guidelines recommend up to 13 to 20 visits over 7 to 20 weeks if progress is being documented. The clinical documentation submitted for review does indicate that the employee has previously participated in cognitive behavioral therapy related to depression. However, the specific number of previous visits and documentation of functional benefit and progress is not clearly defined within the submitted paperwork. Therefore, the need for additional psychotherapy cannot be determined. As such, the requested psychotherapy 1 time in 6 weeks for 10 visits is not medically necessary or appropriate.