

Case Number:	CM13-0068261		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2010
Decision Date:	05/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 31 year-old female [REDACTED] with a date of injury of 4/16/10. The claimant sustained injury to her back when she was walking to the kitchen at the school and she slipped. Although she did not fall completely, she twisted her back. The claimant sustained this injury while working as a teacher for [REDACTED]. In the 11/14/13 progress note by nurse practitioner, [REDACTED], the claimant is diagnosed with: (1) lumbago; (2) chronic pain syndrome; (3) degeneration of lumbar or lumbosacral intervertebral disc; (4) sacroilitis, NOS; and (5) lumbosacral spondylosis without myelopathy. The claimant has been treated via medications, physical therapy, pool therapy, and injections. It is also reported that the claimant has developed psychiatric symptoms secondary to her work -related orthopedic injuries. In her "Psychological Consult" report dated 7/10/13, [REDACTED] diagnosed the claimant with: (1) Major Depression, severe; and (2) Pain disorder with medical problem. It is noted within the reports that the claimant has undergone psychotherapy however, there were no psychological/psychiatric records offered for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL VISITS OF PSYCHOTHERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT)

Decision rationale: Based on the review of the medical records, the claimant has been experiencing chronic pain since her work-related injury in 2010. She has also experienced symptoms of depression secondary to her work-related injury. Although it is noted that she has received psychotherapy services, there are no records of services included for review. As a result, it is unclear as to how many sessions have been completed and whether the claimant has demonstrated any objective functional improvements from those sessions. According to the CA MTUS, for the treatment of chronic pain it is recommended that there is an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6 -10 visits over 5- 6 weeks (individual sessions)" may be necessary. The ODG indicates that for the treatment of depression there is an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Without the relevant information from the treating therapist, the need for further services cannot be determined. As a result, the request for "Six (6) Additional Visits of Psychotherapy" is not medically necessary.