

Case Number:	CM14-0012473		
Date Assigned:	02/21/2014	Date of Injury:	11/25/2002
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 Clinical Psychology, has a subspecialty in Health Psychology/pain management 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:

Based on the records provided for this independent medical review, this patient is a 56 year old female reported an industrial/occupational work-related injury on 11/ 25/2002. The patient reports low back pain with radiation to her bilateral lower extremities; she is status post lumbar laminectomy and has the diagnosis of anxiety disorder and depressive disorder. A request was made for six sessions of pain psychological therapy. The request for continued treatment was non-certified the utilization review, this independent medical review will concern itself with the request to overturn that decision. The patient has successfully discontinued opiate medication and uses psychological therapy to help her cope with the anxiety and depression she has as a result of her chronic pain condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGICAL THERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress Chapter: Cognitive Behavioral Therapy Psychotherapy Guidelines

Decision rationale: According to the ODG psychotherapy guidelines listed under cognitive behavioral therapy treatments patients may receive up to 13 to 20 visits of individual sessions over 7 to 20 weeks, if progress is being made and in cases of severe major depression for PTSD up to 50 sessions if progress is being made. June 2014 update. Although the patient had apparently 22 sessions of therapy in 2013, it appears that diagnosis of depressive disorder with anxiety has been improved psychotherapy: she is stop taking opiates and is learn how to better cope with her pain and is continuing to benefit from therapy as stated in the very well documented progress notes that were provided for this review. Previous sessions have helped her to integrate pain management tools and her daily routine and improve overall functional, improve mood, and overall well-being. Progress notes indicate she's been making progress with these issues and that she is continuing to learn to improve her mood by decreasing anxiety and around socialization she has been. The request for six additional psychotherapy sessions appears to be medically necessary and the decision to deny treatment is overturned.