

Case Number:	CM14-0016408		
Date Assigned:	04/11/2014	Date of Injury:	05/12/2007
Decision Date:	05/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 licensed in Clinical 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 patient is a 34 year old female who reported an occupational/industrial related injury on May 12 2007. The injury reportedly occurred during the normal course of her work duties as a general manager of a coffee shop when she was bending over to access a refrigerator and turned and twisted to her left to answer a call and felt a sharp pain in her lower back which required her to stop working. The patient reports near constant pain at the mid and lower back levels with difficulties bending and lifting, the pain radiates to both legs more to the right side with numbness and tingling in her feet. She is on psychiatric medications as well as opiate pain medications. The patient has had a spinal cord stimulator as well as conventional medications for pain. A request for 4 additional sessions of individual psychotherapy was made and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) 50 MINUTE PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL AND STRESS CHAPTER: TOPIC PSYCHOTHERAPY.

Decision rationale: The Official Disability Guidelines (ODG) for psychotherapy specifically state that in rare occasion's therapy can continue up to 50 sessions, the patient already greatly exceeded that number, and that amount of therapy is only indicated in very rare conditions with symptoms of PTSD in conjunction with Major Depressive Disorder, which does not apply for this case. Therefore, the request for four 50 minute psychotherapy sessions is not medically necessary and appropriate.