

Case Number:	CM14-0180730		
Date Assigned:	11/05/2014	Date of Injury:	03/11/2010
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 licensed 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 injured worker is a 44 year-old male [REDACTED] with a date of injury of 3/11/10. The injured worker sustained injury to his back when he was hit by a truck while in a [REDACTED] parking lot. It is reported that the injured worker has also developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their 5/9/14 "Pain and Rehabilitative Consultation, Behavioral and Psychological Evaluation", and the treating psychologist diagnosed the injured worker with depressive disorder, NOS; generalized anxiety disorder; and pain disorder associated with both psychological factors and a general medical condition. The injured worker has been receiving psychological services off and on since his injury. The request under review is for an additional 12 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: The Official Disability Guideline (ODG) was used regarding cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker has a history of receiving psychotherapy services since his injury. The records indicate that the injured worker completed a psychological evaluation in February 2011 and participated in subsequent psychotherapy until the end of 2012. It is unclear as to neither how many sessions were completed nor the injured worker's progress from those sessions. It does not appear that the injured worker received any psychological services in 2013. In 2014, the injured worker was once again evaluated and began psychotherapy sessions. In most recent progress note, dated 9/17/14, it was noted to be session number 8 of 12. On 9/10/14 progress report the treating physician describes the injured worker's improvements and presents appropriate arguments for continued services. However, the request for an additional 12 sessions exceeds the total number of sessions set forth by the ODG. As a result, this request is not medically necessary.