

Case Number:	CM14-0020214		
Date Assigned:	04/25/2014	Date of Injury:	04/25/2011
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 claimant is a 45 year-old female (██████████) with a date of injury of 4/25/11. The claimant sustained injury to her back when she was lifting up a patient while working as a caregiver for AccentCare, Inc. In his 12/31/13 "Request for Authorization", ██████████ diagnosed the claimant with: (1) Discogenic lumbar condition with radicular component down the lower extremities and negtive EMGs; (2) The patient has gained 30 pounds, presently weighing 200 pounds; (3) Element of depression; and (4) Headaches related to pain. It is also noted that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injury. In his 1/16/14 PR-2 report, ██████████ diagnosed the claimant with; (1) Dysthymia; (2) Major depressive disorder, recurrent episode, partial remission; and (3) Panic disorder with agoraphobia in full remission on curent medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychiatric services from [REDACTED]. There is mention within the records of previous psychological services (group psychotherapy) however, there are no records offered for review. As a result, the claimant's previous number of sessions or progress from those sessions is unknown. Additionally, there is no psychological evaluation/assessment within the records that could highlight additional diagnostic information and present appropriate treatment recommendations. Despite this, the claimant does appear to be in need of some psychological services. The CA MTUS recommends 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. Given this guideline, the request for 6 sessions exceeds the number of initial sessions set forth by the CA MTUS. As a result, the request for cognitive behavioral therapy is not medically necessary.