

Case Number:	CM14-0025562		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2011
Decision Date:	08/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Psychiatry 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 32 year old female who suffered an injury at work on 2/19/2011. She was lifting a heavy bag of garbage to throw it into a dumpster, when she noticed sudden low back pain. Since then, she has continued to suffer from back pain which radiates to her left leg. She subsequently developed depression. She underwent physical therapy, chiropractic, and epidural spinal injections. She has attended group psychotherapy. She receives treatment from a psychiatrist. She was evaluated by the treating physician on 1/24/14, and was noted to have some persisting depressed mood, anhedonia, decreased libido, decreased concentration, feelings of hopelessness, anxiety, irritability, and anger. She was diagnosed with Major Depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy weekly times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that cognitive behavioral therapy is helpful in alleviating symptoms of depression secondary to chronic pain. The recommendation includes an initial trial of 3 - 4 sessions over 2 weeks, followed by 6 - 10 sessions if there has been clinical evidence of improvement. The injured worker has not had the initial 3 - 4 sessions of CBT, so that the request for 6 sessions would be premature at this stage in her treatment. On this basis, the service is not medically necessary.

Medication management monthly times 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that psychiatric medication monitoring is important in the treatment of depression. The treatment plan should be individualized for the injured worker and include treatment goals, assessment of progress, and adjustment of medication as needed. The provision of each follow-up session once a month therefore needs to be determined by the individualized treatment plan, and should be revised as necessary with each session. An initial plan of 2 - 3 monthly sessions should be appropriate, with the frequency and number of any subsequent sessions to be determined by presenting clinical progress notes which document the injured worker's progress and clinical status. Therefore, the request for 6 monthly sessions is premature at this time in the injured worker's treatment, as an initial 2 to 3 sessions would be more appropriate. The request is not medically necessary.