

Case Number:	CM14-0083409		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2010
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 60 year-old male with a date of injury of 10/28/10. The claimant sustained injury to his back when he was loading his truck with a box of cat litter while working for [REDACTED]. In his 6/5/14 Primary Treating Physician's Progress Report [REDACTED] diagnosed the claimant with: (1) Postlaminectomy syndrome, S/P lumbar decompression from L2 to L5 by [REDACTED] in August 2012. CT scan December 2010 showed spinal stenosis from L2 to L5, left sided foraminal stenosis at L3-L4, L4-L5. MRI from December 2010 showed spinal stenosis at L2-L3 and L3-L4, disk height virtually gone at L2-L3; and (2) depression and anxiety due to his chronic pain. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his Psychological Initial Consultation Report dated 4/17/14, [REDACTED] diagnosed the claimant with Major Depressive Disorder and Anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Individual, QTY: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral therapy Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] in April 2014. The request under review appears to be an initial request for follow-up psychotherapy sessions. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Given this guideline, the request for 16 sessions exceeds the total number of initial sessions set forth by the ODG. As a result, the request for Psychotherapy Individual, QTY: 16.00 is not medically necessary.

Psychotherapy Group, QTY: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter. Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) pages 48-49 Group therapy.

Decision rationale: The CA MTUS does not address the use of group therapy therefore, the Official Disability Guideline regarding the use of cognitive therapy in the treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] in April 2014. The request under review appears to be an initial request for follow-up group psychotherapy sessions. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Given this guideline, the request for 16 group therapy sessions exceeds the total number of initial sessions set forth by the ODG. Additionally, the claimant has yet to participate in individual psychotherapy to see whether progress can be made from those services. As a result, the request for Psychotherapy Group, QTY: 16.00 is not medically necessary.