

Case Number:	CM14-0128924		
Date Assigned:	09/22/2014	Date of Injury:	08/07/2006
Decision Date:	02/11/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 Psychologist (PHD, PSYD) 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 50 year-old male () with a date of injury of 8/7/2006. The injured worker sustained injury to his back when he slipped and fell while loading milk crates while working as a truck driver and unloader for . He has been diagnosed with: (1) Status post anterior cervical discectomy and fusion at C5 through C7 on 12/22/2010; and (2) Status post disc replacement at L4-L5 on 5/4/2011 with residual back pain; (3) Left shoulder sprain/strain; (4) Right rotator cuff syndrome; and (5) Left knee joint pain. The injured worker also developed psychological symptoms of depression and anxiety secondary to his work-related orthopedic injury. He has received psychotherapy intermittently since his injury. Most recently, he participated in individual psychotherapy and stress management therapy in 2012 through 2013 for an unknown number of sessions. At that time, he was diagnosed with: (1) Anxiety disorder, NOS with depressive features; (2) Insomnia related to anxiety and depressive symptoms; and (3) Sexual dysfunction, NOS. The request under review is for psychotherapy, which was denied in UR from July 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Behavioral Interventions Page(s): 101-102, 23.

Decision rationale: The CA MTUS guideline regarding psychological treatment and behavioral interventions will be used as references for this case. Based on the review of the medical records, the injured worker has participated in psychotherapy off and on since his injury in 2006. Most recently, he received psychological services including psychotherapy as well as stress management therapy in 2012 through 2013 for an unknown number of sessions. Despite prior treatment, Dr. requested additional psychotherapy. There is little documentation to support this request. Additionally, the request is not only too vague, but premature as there is no recent psychological evaluation for which appropriate treatment recommendations have been made. As a result, the request for "PSYCHOTHERAPY" is not medically necessary.