

Case Number:	CM14-0188896		
Date Assigned:	11/19/2014	Date of Injury:	05/19/2010
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 50 year-old male with a date of injury of 5/19/10. The injured worker sustained multiple physical injuries while working as a machinist. In the "Primary Treating Physician's Orthopedic/Spine Surgery Re-Evaluation" dated 9/2/14, the diagnoses was lumbago; cervicgia; left shoulder internal derangement; left knee derangement; and possible intracranial pressure increase. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related physical injuries and chronic pain. In the "Psychological Re-Evaluation to Determine Need for Future Treatment" dated 10/7/14, the diagnoses for the injured worker was Depressive Disorder NOS (with anxiety) versus Major Depression. The injured worker has been treating his psychiatric symptoms with psychotropic medication and received psychotherapy in 2013. The request under review is for 8 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT psychotherapy, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

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 CA MTUS does not address the treatment of depression; therefore, the Official Disability Guideline (ODG) regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain as well as symptoms of depression. The injured worker was initially evaluated by treating psychologist in July 2013. He completed a total of 16 psychotherapy sessions between July 2013 and January 2014. The injured worker was re-evaluated by in January 2014, but subsequent psychotherapy sessions were not approved. Due to an exacerbation in his symptoms, the injured worker was referred again in October 2014 and completed another re-evaluation. In the "Psychological Re-Evaluation to Determine Need for Future Treatment" dated 10/7/14, it was recommended that the injured worker complete "30 additional individual cognitive behavioral psychotherapy sessions to run concurrently with the prescription of antidepressant medication..." Although the doctor recommended an additional 30 sessions, there was a request for 8 psychotherapy sessions. Unfortunately, the request for 8 sessions does not follow the ODG guideline. If the 8 sessions are to be in addition to the 16 sessions completed in 2013, the total of 24 sessions exceeds the guideline recommendation of 20 total sessions. If the 8 sessions are to begin a new episode of services and reflect initial sessions, the request exceeds the total number of initial sessions set forth by the ODG. As a result, the request for "Individual CBT psychotherapy, 1 time a week for 8 weeks" is not medically necessary.