

Case Number:	CM14-0190743		
Date Assigned:	11/24/2014	Date of Injury:	10/23/2001
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 injured worker is a 57 year-old female [REDACTED] with a date of injury of 10/23/01. The injured worker sustained orthopedic injuries as a result of a slip and fall while working in the cafeteria for the [REDACTED]. In their 10/121/14 "Visit Note", Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the injured worker with Dystrophy reflex sympathy lower. It is also noted that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In her "Psychiatric Consultation" report dated 10/14/14, [REDACTED] diagnosed the injured worker with: (1) Depressive disorder, NOS; and (2) Pain disorder associated with both psychological factors and general medical condition. In that report, [REDACTED] recommended weekly psychotherapy with psychologist, [REDACTED]. The request under review is based on [REDACTED] recommendations and is for an initial 12 psychotherapy sessions with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly CBT x 12 sessions with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline 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 since her injury in October 2001. She has also developed psychiatric symptoms secondary to her pain. In her "Psychiatric Consultation" report dated 10/14/14, Psychiatrist, [REDACTED], recommended follow-up psychotherapy services with [REDACTED] and suggested 12 weekly sessions. Unfortunately, the CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks" and the ODG recommends an "initial trial of 6 visits over 6 weeks." In utilizing these guidelines, the request for an initial 12 psychotherapy sessions exceeds the recommended number of initial sessions. As a result, the request for "Weekly CBT x 12 sessions with [REDACTED]" is not medically necessary.