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| Case Number: | CM14-0206639 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 03/08/2012 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 38 year-old male (██████████) with a date of injury of 3/8/2012. The injured worker sustained injury to his back when he fell from a ladder and landed on his lower back and buttocks while working for ██████████. In his "Worker's Compensation Reevaluation" dated 8/12/14, ██████████ diagnosed the injured worker with: (1) Lumbar spondylosis without myelopathy; (2) Lumbar herniated nucleus pulposus; (3) Lumbago; and (4) Lumbar radiculitis/thoracic radiculitis. Additionally, in his PR-2 report dated 10/1/14, ██████████ diagnosed the injured worker with: (1) Lumbar herniated nucleus pulposus; (2) Depressive disorder; (3) Lumbar/lumbosacral disc degeneration; and (4) Low back syndrome. It is also reported that the injured worker developed psychological symptoms secondary to his work-related orthopedic injuries. He has been diagnosed with Major Depressive Disorder, single episode, moderate to severe. The injured worker has been receiving psychotropic medications including Cymbalta and Wellbutrin and has been participating in psychotherapy. The request under review is for psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, once weekly, 12 sessions; once weekly for one month then biweekly for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Page(s): (s) 23, 27, 43-44. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

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 regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in March 2012. He has also been experiencing symptoms of depression for which he has been receiving psychotropic medications and participating in individual psychotherapy. The records indicate that the injured worker completed an initial psychological evaluation with [REDACTED] in June 2014. It is noted that the injured worker began psychotherapy with Fernando Burgos, but after one session was transferred to [REDACTED] as she was closer to the injured worker's home. Unfortunately, there are no records from either [REDACTED] or [REDACTED] documenting the services that have been provided. It is unclear as to how many psychotherapy sessions have been completed to date nor the objective functional improvements gleaned from those sessions. Without information about prior psychological services, the need for additional treatment cannot be fully determined. As a result, the request for "Psychotherapy, once weekly, 12 sessions; once weekly for one month then biweekly for 4 months" is not medically necessary. It is noted that the injured worker received a modified authorization for 4 psychotherapy sessions in response to this request.