

Case Number:	CM14-0209326		
Date Assigned:	12/22/2014	Date of Injury:	08/16/2006
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 55 year-old male [REDACTED] with a date of injury of 8/16/2006. The injured worker sustained injuries to his neck, back, and left arm when he tripped on a curb and landed on his back and left upper extremity. The injured worker sustained this injury while working at the [REDACTED]. In his report dated 11/19/14, [REDACTED] diagnosed the injured worker with: (1) Chronic neck, right greater than left upper extremity pain. MRI from 2/2007, small disk protrusion at C4-c5. X-rays of the cervical spine from 3/2011, a 2-mm mild instability at C5-C6; (2) S/P RF ablation, left C5, C6, C7 medial branch, 2/2008. Radiofrequency ablation 2/2008, 2/2010; (3) MRI of the left shoulder from 2/2007 was normal; (4) History of left elbow fracture, X-ray of the left elbow with no fracture, dislocation; (5) S/P revision cubital tunnel release on 1/8/2010 by [REDACTED]. Previous surgery was by [REDACTED] in 10/2005. EMG report from 12/17/2012 with findings consistent with left ulnar neuropathy; (6) Chronic low back pain, MRI 3/21/2011 showed disk dessication from L3-S1, a 4-mm extruded disk towards the left at L4-L5 with annular tear. X-rays of the lumbar spine, 3/21/2011, showed osteophytes at L3 and L4, disk space narrowing at L5-S1; and (7) Chronic sleep issues which may be nonindustrial sleep apnea and may be contributing to his depression and psychiatric issues. It is also reported that the injured worker developed psychological symptoms and has been receiving psychotropic medication management services from [REDACTED]. Additionally, the injured worker was participating in individual psychotherapy with psychological assistant, [REDACTED], under the supervision of [REDACTED]. The request under review is for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT): 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)

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, Cognitive therapy for depression

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychotropic medication management services as well as individual psychotherapy to treat his symptoms of depression that are secondary to his work-related chronic pain. In a "Psychological Update Report" dated 5/31/14, treating therapist, [REDACTED], noted that the injured worker had completed 6 CBT sessions. No objective functional improvements were cited. It is unclear from the records whether more sessions were authorized. Despite this, the request for an unknown amount of continued psychotherapy sessions is too vague as it does not offer any information about the number of sessions requested nor the duration for which the sessions are to occur. As a result, the request for "Cognitive Behavioral Therapy (CBT)" is not medically necessary.