

Case Number:	CM15-0005839		
Date Assigned:	01/26/2015	Date of Injury:	01/28/2010
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 65 year old male who sustained an industrial injury reported on 1/28/2010. He has reported severe muscle weakness of the lower extremities and spending 22 hours/day in bed. The diagnoses have included major depressive affective disorder single episode moderate degree; infection; anxiety state; insomnia; and right lumbar radiculopathy. Treatments to date have included consultations; diagnostic imaging studies; 3 lumbar surgical procedures between 11/2010 & 1/2014, with irreparable dendritic nerve damage; surgery to stop a spinal cord lead (6/2014); 25 psychotherapy sessions; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/6/2015 Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/6/2014, for 8 psychotherapy visits, the Medical Treatment Utilization Schedule, cognitive behavioral therapy for chronic pain Guidelines were cited. The PR-2 notes, dated 11/6/2014, note aborted magnetic resonance imaging due to excruciating pain, inability to have neurological gastrointestinal testing with worry/concern for a future colostomy and/or dialysis; significant weight loss due to low appetite; occasional panic episodes and claustrophobic cabin fever as he spends most hours in his bedroom, unable to go downstairs; and frightening thoughts about his health and future. Also noted was the IW showing stoicism with occasional sense of humor, and a depressed mood with positive attitude as he was noted to be in pain and walking very slowly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy visits x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; ODG Cognitive Behavioral Therapy (CBT) g.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotherapy services from [REDACTED] for a total of 25 sessions to treat his symptoms of depression, anxiety, and pain. Minimal progress and objective functional improvements have been demonstrated from those 25 completed sessions, which already exceed the ODG recommendations. The ODG recommends a total of up to 13-20 sessions over 7-20 weeks as long as CBT is being conducted and objective functional improvements are demonstrated. Since the injured worker has already received psychotherapy sessions in excess of the recommendation and little functional improvement has been made, the request for an additional 8 psychotherapy sessions is not medically necessary.