

Case Number:	CM15-0006213		
Date Assigned:	01/14/2015	Date of Injury:	01/30/2012
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
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 41 year old female with an industrial injury dated 01/30/2012 when she picked up a box of frozen chicken and had immediate back pain. On December 4, 2014 she presented for follow up. She reported experiencing feelings of sadness, fatigue, a loss of pleasure in participating in usual activities, social avoidance, sleep disturbance, appetite changes and crying episodes. The injured worker was "on the verge of tears" when talking about her current life situation. She had previously attended psychotherapy sessions which the provider notes helped. Diagnoses were major depression, single episode and anxiety disorder, NOS. The provider notes the injured worker's psychological status remains correlated with her lower back injury, pain state and functional limitations. She was also being treated for her back injury and was scheduled for anterior lumbar 5-sacral 1 discectomy and interbody fusion on 01/02/2015. On 12/31/2014 Utilization review non-certified the requested treatment for psychotherapy 12 visits noting the patient has likely attended the 20 psychotherapy visits recommended as a maximum per guidelines. Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cognitive behavior therapy

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 completed an initial psychological evaluation with [REDACTED] on 4/2/2014. The report was not included for review. She subsequently began psychotherapy services with [REDACTED] for an unknown number of sessions. In the most recent PR-2 report from [REDACTED] dated 12/4/2014, it is noted that the injured worker's objective findings were that "physical and mental de-conditioning seems to be taking place thereby complicating her rehabilitation." No objective functional improvements were identified and the number of completed sessions to date were not noted. The ODG specifically indicates that a total of up to 13-20 sessions over 7-20 weeks may be provided as long as CBT is being conducted and objective functional improvements are demonstrated. Without this information presented within the medical records, the need for an additional 12 psychotherapy sessions cannot be fully determined therefore, the request for 12 psychotherapy visits is not medically necessary.