

Case Number:	CM15-0007734		
Date Assigned:	01/26/2015	Date of Injury:	04/21/2009
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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:

This 51 year old male was injured 4/21/09 in an industrial accident involving pulled lower back as he attempted to get out of the way of falling pallets. Currently he complains of low back stiffness with radiation to right leg. Pain level is 3-4/10. Medications include omeprazole, Prozac, cariprosodol and meloxicam. Diagnoses are sprain/ strain of the back; lumbar spine degenerative disc disease; unspecified thoracic/ lumbar neuritis; and unspecified depression. Treatments were medications, epidural steroid injections X3 (the first was beneficial, others no benefit), acupuncture X5 with no benefit. Diagnostic studies included radiographs, computed tomography of the lumbar spine, electromyography/ nerve conduction study bilateral lower extremities, MRI lumbar spine. The treating physician requested 12 sessions of cognitive behavioral therapy. On 12/26/14 Utilization Review non-certified the request for Cognitive Behavioral therapy X12 sessions citing MTUS Chronic Pain Guidelines. Four sessions would help the injured worker cope with the psychological ramifications of his industrial injury which resulted in chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Cognitive Behavioral Therapy: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 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 experiencing symptoms of depression secondary to his work-related orthopedic injuries and chronic pain. He completed an initial psychological evaluation with [REDACTED] on 11/28/2014. In that report, [REDACTED] recommended 12 follow-up psychotherapy sessions for which the request under review is based. The CA MTUS recommends an initial trial of 3-4 psychotherapy visits for the treatment of chronic pain. The ODG recommends an initial trial of 6 visits for the cognitive treatment of depression. Utilizing both guidelines, the request for an initial trial of 12 sessions exceeds both recommendations. As a result, the request for an initial trial of 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial trial of 4 psychotherapy visits in response to this request.