

Case Number:	CM15-0102948		
Date Assigned:	06/05/2015	Date of Injury:	03/28/2013
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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 40 year old male who sustained a work related injury March 28, 2013. While standing on a scaffold installing rocks, the scaffold gave way and he fell backwards four feet, landing on his feet. He experienced immediate pain in the left hip and leg. He received physical therapy, chiropractic therapy, and medication. Later in 2014, he began having difficulty concentrating, sleeping, and a feeling of isolation and withdrawn. He was diagnosed with a depressive disorder, not otherwise specified, anxiety disorder, not otherwise specified. He was prescribed Zoloft and a course of cognitive behavioral psychotherapy. According to a treating psychologist notes, dated November 17, 2014, the injured worker continues to struggle to cope, his defenses are strained. He needs coping skills, an elevation of a depressed mood, and reduction of anxiety. Diagnoses are depressive disorder/anxiety disorder; low back pain. At issue, is the request for authorization of 4 cognitive behavioral psychotherapy sessions, with improvement, another 10 sessions over 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cognitive Behavioral Psychotherapy sessions; with improvement, another 10 sessions over 10 weeks 1 x 14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23.

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 continued to experience chronic pain since his injury in March 2013. He has also developed psychiatric symptoms secondary to his work-related orthopedic injury and chronic pain. He completed a comprehensive psychological evaluation with [REDACTED] on 11/17/14. In her report, [REDACTED] recommended follow-up psychological treatment to help the injured worker learn more effective pain management skills as well as healthy coping skills to manage and alleviate his symptoms of depression and anxiety. The request under review is based upon her initial recommendations. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further suggests that "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative strategies can be pursued is appropriate." Utilizing this guideline, the request for 14 psychotherapy sessions is reasonable and therefore, medically necessary. It is noted that the injured worker did receive a modified authorization for 10 psychotherapy sessions in response to this request.