

Case Number:	CM15-0131588		
Date Assigned:	07/17/2015	Date of Injury:	02/17/1997
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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 63 year old female, who sustained an industrial injury on 2/17/97. The injured worker was diagnosed as having lumbar degenerative disc disease and cauda equine syndrome. Treatment to date has included sacral nerve stimulator, Botox bladder injections, acupuncture, and medication. A physician's report dated 6/4/15 noted the injured worker had issues with her relationship, body insecurity and shame. Currently, the injured worker complains of low back pain, right knee pain, leg pain, and incontinence. The treating physician requested authorization for 12 psychotherapy/cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy/CBT sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience pain since her work-related injury. She has also developed some psychiatric symptoms secondary to her chronic pain. In his 6/9/15 report, treating physician, ■■■■■, noted that the injured worker is experiencing feelings of shame and guilt as well as having body insecurity. He recommended that the injured worker receive 12 psychotherapy sessions to address these symptoms as well as depression. The request under review is based on his recommendations. Unfortunately, the injured worker did not complete a thorough psychological assessment prior to the request. An evaluation is essential in not only providing appropriate diagnostic information, but also offering relevant treatment recommendations. Without an assessment, the request for treatment is premature. As a result, the request for 12 psychotherapy/CBT sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for 4 psychotherapy sessions in response to this request. The request is not medically necessary.