

Case Number:	CM15-0132943		
Date Assigned:	07/21/2015	Date of Injury:	11/07/2012
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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 53 year-old female who sustained a work related injury November 7, 2012. She fell of a rolling chair, with injury to the cervical and lumbar spine. According to a secondary treating physician's progress report, dated May 19, 2015, the injured worker presented with complaints of chronic severe pain in her neck, low back, pelvic area, coccyx, ischium, and sacroiliac joint. Previous treatments included chiropractic care, narcotic medication, physical therapy, TENS unit and a cervical epidural injection January 27, 2014 with a reported 75% pain relief for 2 weeks. She also reports, pain and tingling in her bilateral arms, left greater than right, which has been intermittent since her injury with decreased neck range of motion. Current medication included Norco, Tizanidine Hydrochloride, and Lidoderm patch. Diagnoses are occipital headache and neuralgia; myofascial pain syndrome; degeneration of cervical intervertebral disc; sacroilitis; facet arthropathy L4-L5; lumbosacral spondylosis without myelopathy. According to a primary treating physician's progress report, dated May 31, 2015, the injured worker presented with low back, neck, occiput, pelvic area, coccyx and left arm pain. She reports decreased sleep, memory problems, attention and concentration difficulty, depressed mood with anhedonia, and low motivation. Treatment in progress noted a developing understanding of interacting cognition and emotion with pain perception. Deep relaxation training is useful and effective for management of pain sensations. Diagnoses are pain disorder with psychological factors and general medical condition in partial remission; recurrent depressed mood disorder. At issue, is the request for authorization for psychotherapy, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, quantity: 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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 had not received any psychotherapy services prior to her initial psychological evaluation with [REDACTED], which was completed in May 2014. Due to delays in authorization for follow-up treatment, the injured worker did not begin psychotherapy with [REDACTED] until the following March 2015. It appears that the injured worker completed a total of 12 psychotherapy sessions between March 2015 and June 2015. The request under review is for an additional 12 psychotherapy sessions. For 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 'in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.' There is no doubt that the injured worker has been making progress in therapy with [REDACTED] throughout the already completed 12 sessions. The request for an additional 12 sessions exceeds the number of total sessions set forth by the ODG for mild-moderate presentations of depressed mood, which appears to describe the injured worker. Despite this, because there was such a delay between the injured worker's initial psychological evaluation and the commencement of services, the request for an additional 12 sessions appears reasonable. As a result, the request for an additional 12 psychotherapy sessions is medically necessary.