

Case Number:	CM15-0137318		
Date Assigned:	07/27/2015	Date of Injury:	02/11/2009
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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 72-year-old female who sustained an industrial injury on 2/11/09. Progress report dated 5/27/15 reports continued complaints of low back pain and left hip pain, rated 7/10. The pain is described as aching and sharp and it radiates down the left leg. Current pain medication regimen helps to relieve the pain. Her quality of sleep is poor and the pain level has remained unchanged since her last visit. Completed acupuncture with some relief. Diagnoses include: pain in joint of pelvic region and thigh, thoracic or lumbosacral neuritis or radiculitis, sprains and strains of lumbar region and sacroiliitis. Plan of care includes: continue physical therapy 6 sessions remaining, continue medicine, ice, heat and exercise and continue cognitive behavior therapy. Work status: currently not working. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions of Cognitive Behavioral therapy QTY: 6: Overturned

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

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 been receiving psychological services from [REDACTED], under the supervision of [REDACTED]. It is unclear as to the total number of psychotherapy sessions to date. There is one progress report, dated 3/4/15, indicating session number 6 of 6. Progress note dated 4/1/15, indicates session number 1 of 6. It can be assumed that a total of 12 sessions have been authorized however, this cannot be confirmed by the included records, which include notes dated 3/4/15, 4/1/15, 4/15/15, 5/13/15, and 5/27/15. Assuming that the injured worker has only completed 12 sessions to date, the request for an additional 6 sessions falls within the recommended number of sessions set forth by the ODG. Additionally, the progress reports submitted offer relevant information about the injured worker's continued symptoms despite progress. As a result, the request for an additional 6 psychotherapy sessions is medically necessary.