

Case Number:	CM15-0147140		
Date Assigned:	08/10/2015	Date of Injury:	08/06/2004
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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 44 year old male, who sustained an industrial injury on August 6, 2004. He reported progressive back pain. The injured worker was diagnosed as having moderate to severe major depression and chronic lumbar back strain. Treatment to date has included medication, physical therapy, exercises and therapy. His emotional symptoms were noted to develop around approximately April 2005. Clinical psychologist progress notes, dated June 4, 2015 to June 18, 2015, stated the injured worker suffered an increased frequency of panic attacks due to the increased stress of higher and more variable pain. He was noted to be more easily overwhelmed but was increasing his efforts to manage it. To continue to consolidate the gains he has made and to advance panic episodes, an additional six sessions was recommended. On July 23, 2015, Utilization Review non-certified the request for six individual psychotherapy sessions, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Individual Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

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] for an unknown period of time. It appears that he completed 18 psychotherapy sessions between 5/8/14 through 6/18/15 with some progress and improvements noted. In the treatment of depression, the ODG recommends up to 20 psychotherapy sessions. Considering that the injured worker has already received 18 sessions, an additional 6 psychotherapy sessions will exceed the recommended number of total sessions set forth by the ODG. As a result, the request for an additional 6 individual psychotherapy sessions is not medically necessary.