

Case Number:	CM15-0167616		
Date Assigned:	09/08/2015	Date of Injury:	12/09/2003
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 47 year old female, who sustained an industrial injury on 12-9-03. She reported left knee and lumbar spine pain. The injured worker was diagnosed as having adjustment disorder with anxiety and depressed mood, insomnia disorder, and psychological factors affecting chronic orthopedic pain. Treatment to date has included cognitive behavioral therapy and medication. Currently, the injured worker complains of depression and anxiety. The treating physician requested authorization for continued outpatient cognitive behavioral therapy sessions x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient cognitive behavioral Therapy Sessions x 6 (weekly or bi-monthly sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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 behavioral therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 1/9/15. In that report, [REDACTED] recommended follow-up psychotherapy sessions. The injured worker has been authorized 12 psychotherapy sessions between January and July; however, she has completed a total of 13 sessions. Although [REDACTED] hand-written progress notes are at time difficult to decipher, she has been able to document some progress and improvements from the completed services. In the treatment of psychiatric symptoms, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being noted." Given these guidelines, the request for an additional 6 sessions falls within the range of recommended number of psychotherapy sessions. As a result, the request for an additional 6 cognitive behavioral therapy sessions is medically necessary.