

Case Number:	CM15-0209401		
Date Assigned:	10/28/2015	Date of Injury:	01/17/2011
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/23/2015

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 52 year old male who sustained an industrial injury on 1-17-11. A review of the medical records indicates that the worker is undergoing treatment for management of pain and mood disturbance. Subjective complaints (9-16-15) include "he is getting himself geared up to move toward claim closure." Objective findings (9-16-15) include anger levels are relatively low compared to what they have been in the past, remains dysphoric, and seems to be coping somewhat better with pain but when mentioned he will challenge this and say he is still overwhelmed day to day and is especially bothered by groin pain. Progress reported (9-9-15) notes mood remains relatively stable, admits to feeling depressed but severity of the negative mood seems somewhat less, includes a slight diminishment of his feelings of anger. Previous treatment includes spinal cord stimulator, medication, epidural injection, physical therapy, acupuncture, and pool therapy. The requested treatment of additional 8 sessions of psyche therapy was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 sessions of psyche therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. 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 therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] since at least November 2014. The most recent progress note, dated 9/16/15, fails to indicate the number of completed sessions to date. Although some general progress and improvements were reported, the injured worker continues to remain symptomatic. For the treatment of depression, the ODG recommends "up to 13-20 visits, if progress is being made." Without sufficient information regarding the number of completed sessions to date nor exact and measurable progress, the need for additional treatment cannot be fully determined according to the ODG recommendation. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary.