

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0027585 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 06/03/1996 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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 female, who sustained an industrial injury on 06/03/1996. She has reported low back pain, anxiety, and depression. The diagnoses have included post-laminectomy syndrome and major depressive disorder. Treatment to date has included medications, trigger point injection, epidural steroid injection, psychotherapy, and surgical intervention. Medications have included Cymbalta. A progress note from the treating provider, dated 01/22/2015, documented a follow-up visit with the injured worker. The injured worker presented with continued stabilization of mood, sleep disturbance, and affect regulation. Objective findings included anxiety and depressive ideation. The treatment plan has included the requirement for additional psychological support. Request is being made for six additional sessions of psychotherapy. On 02/04/2015 Utilization Review noncertified a prescription for Six (6) additional sessions of psychotherapy. The CA MTUS, ACOEM was cited. On 02/13/2015, the injured worker submitted an application for IMR for review of a prescription for Six (6) additional sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 321-322, Chronic Pain Treatment Guidelines Page(s): 23.

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 struggled with psychiatric symptoms of depression and anxiety for many years as well as substance dependence. In her January report, [REDACTED] presents valid arguments for the continued treatment. Although the injured worker has received more psychotherapy sessions than recommended and has made progress and gained some stability in her psychiatric symptoms, she will likely experience a short-term exacerbation in her symptoms while tapering her opioid medication. As a result, supportive psychotherapy to help the injured worker maintain the gains already made during the initial phase of detoxing is reasonable. As a result, the request for an additional 6 psychotherapy sessions is medically necessary.