

Case Number:	CM15-0030215		
Date Assigned:	02/23/2015	Date of Injury:	03/16/2009
Decision Date:	05/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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 03/16/09. Initial complaints and diagnoses are not available. Treatments to date include medications, knee and shoulder surgeries, therapy, psychotherapy, biofeedback, and cognitive behavioral therapy. Diagnostic studies are not available. Current complaints include depression related to physical injuries, persistent pain, and loss of function. Current diagnoses include chronic lumbago with degenerative joint disc disease, lumbar spondylosis, bilateral knee strain, bilateral knee osteoarthritis, bilateral joint disease, left knee internal derangement, and meniscus tear. In a progress note dated 01/27/15 the treating provider reports the plan of care as medications, and cognitive behavioral therapy. The requested treatments are psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Psychotherapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS 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 completed a psychological evaluation with [REDACTED] in July 2014. He then completed subsequent psychotherapy with biofeedback sessions with [REDACTED] and/or [REDACTED] for a total of 12 sessions. In the progress report from January 2015, [REDACTED] presented information about the injured worker's continued symptoms as well as the improvements made from the completed sessions. The ODG recommends a total of up to 13-20 psychotherapy sessions for the treatment of depression as long as CBT is being completed and there is evidence of objective functional improvements. Given that the injured worker has only received 12 sessions thus far, the request for an additional 6 psychotherapy sessions appears reasonable and falls within the ODG recommended number of sessions. As a result, the request for an additional 6 psychotherapy sessions is medically necessary.