

Case Number:	CM15-0032765		
Date Assigned:	03/04/2015	Date of Injury:	06/06/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 38 year old male, who sustained an industrial injury on June 6, 2011. His diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, pain psychogenic, and long-term use medications. He has been treated with antidepressant medications and individual cognitive behavior psychotherapy for PTSD (post traumatic stress disorder). On January 13, 2015, his treating psychologist reports a depressed mood. He has continued depressive symptomology and negativistic mood. He continues to feel profoundly depress, hopeless, and helpless every day, nearly all day. There are days he feels like doing nothing, including his daily hygiene and responsibilities. He reports engaging in pleasant activity 3 days for 20 minutes in the past week: he sat on the porch people watching. He felt calm and somewhat happy, even though he did not interact with people. He only showered once this week. The treatment plan includes continuing psychotherapy as he is benefiting from it. On January 13, 2015, his treating physician reports anxiety, depression, and suicidal ideation. The treatment plan includes a request for 12 follow-up visits with psychologist. On February 2, 2015, Utilization Review non-certified a request for 12 follow-up visits with psychologist, noting the lack of evidence of functional improvement as the result of prior treatment, and an additional three prior approved sessions for medication management have not been completed. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits with Psychologist, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavior Therapy (CBT) for chronic pain and Psychotherapy guidelines; and on the ACOEM Guidelines, Chapter 7, page 127.

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 individual psychotherapy services from psychological assistant, [REDACTED], under the supervision of [REDACTED]. On 1/23/15, the injured worker completed sessions number nine. There were minimal objective functional improvements discussed and the plan was stated to be, "Patient is benefitting from therapy and should continue to attend." Without more sufficient information, the need for any additional psychotherapy sessions cannot be determined. Additionally, the injured worker has already completed nine sessions. The completion of an additional 12 sessions exceeds the total number of sessions as recommended by the ODG. Lastly, the RFA requesting 12 follow-up services appears to have been written by physician, [REDACTED], who actually had requested the services to be done with a [REDACTED] following a consult with him. It does not appear that [REDACTED] is aware that the injured worker has already been participating in psychotherapy services. As a result, the request is not medically necessary.