

Case Number:	CM15-0054720		
Date Assigned:	03/30/2015	Date of Injury:	07/19/2013
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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 56 year old female, who sustained an industrial injury on 07/19/2013. The initial complaints or symptoms included radiating neck pain into the left arm, left shoulder blade, and down the back of the left arm. There was also the constant numbness and tingling in the left upper extremity. The injured worker was diagnosed as having cervical pain with radiculopathy. Treatment to date has included conservative care, medications physical therapy, chiropractic manipulation, electrodiagnostic testing, psychological evaluation, and CT scans and MRIs of the cervical spine. Currently, the injured worker complains of neck pain. The injured worker had reported "some" benefit from conservative therapies. The diagnoses include cervical degenerative disc disease, cervical radiculopathy, cervical facet osteoarthritis, and cervicgia. She has psychiatrically been diagnosed with Major Depressive Disorder. The treatment plan consisted of cervical facet injections, massage therapy, cognitive behavioral therapy, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Cognitive behavioral therapy 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 completed an initial psychological evaluation with [REDACTED] on 10/11/14. In that report, [REDACTED] diagnosed the injured worker with major depressive disorder and recommended 10 follow-up psychotherapy sessions. The request under review is based upon this recommendation. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits" may be necessary. Given this guideline, the request for "cognitive behavioral therapy counseling" is too vague and [REDACTED]' suggestions for 10 sessions exceeds the total number of initial sessions as recommended by the ODG. As a result, the request is not medically necessary.