

Case Number:	CM15-0059681		
Date Assigned:	04/06/2015	Date of Injury:	04/19/2012
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 47-year-old male sustained an industrial injury on 4/19/12. He subsequently reported back pain. Diagnoses include status post L5-6 disc replacement. Diagnostic testing has included MRIs. Treatments to date have included injections, surgery, physical therapy, weight loss program, chiropractic care and prescription pain medications. The injured worker continues to experience cervical and lumbar back pain. A request for Individual Psychotherapy 20 Sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 20 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 was initially evaluated by ██████ in August 2013 with a re-evaluation in July 2014. In the September 2014 re-evaluation report, ██████ recommended 20 follow-up psychotherapy sessions. It appears that the request under review is based upon this recommendation, as there are no other psychological records submitted for review documenting that any psychological services were completed following this report. The ODG recommends an "initial trial of 6 visits" for the treatment of depression. As a result, the request for 20 psychotherapy visits exceeds the recommended number of initial sessions and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for 4 sessions in response to this request.