

Case Number:	CM15-0082253		
Date Assigned:	05/04/2015	Date of Injury:	06/06/2008
Decision Date:	06/10/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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 was a female, who sustained an industrial injury, June 6, 2008. The injured worker previously received the following treatments psychiatric re-evaluation, CPAP machine, TENS (transcutaneous electrical nerve stimulator) unit, Lovaza, Lidoderm patches, Metformin, Celebrex, Atenolol, Flexeril, Oxybutynin ER, Zoloft, Lisinopril, Maxzide, Lyrica and Aciphex. The injured worker was diagnosed with adjustment disorder with anxiety and depression, pain disorder associated with psychological factors and general medical condition, partner relationship problems, bereavement issues with the loss of mother in-law and mixed personality disorder. There were also several physical disorders were bilateral carpal tunnel syndrome, left elbow lateral epicondylitis, left ankle injury, cervical spine strain/sprain, L5S1 disc extrusion with left lower extremity radiculopathy, stress urinary incontinence, obesity, hypertension, diabetes, GERD and sleep apnea. According to psychiatric re-evaluation note of October 3, 2014, the injured workers chief complaint was depression and pain in multiple areas. The evaluation at this time put the injured worker as severely depressed, On the sleep disorder scale the injured worker scored 20 out of 24; 1 being the least and 24 being the most. The recommendation at that time was to continue weekly therapy for 6 months and then 4 visits per year with antidepressant medications. The treatment plan included for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) times (24) once monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 treating psychologist, ██████████ in April 2009 and has received subsequent psychological services since that time with both ██████████ and her associate, ██████████, for an unknown number of completed sessions to date. In his 10/3/14 AME supplemental report, ██████████ recommended an additional 24 monthly psychotherapy sessions, for which the request under review is based. Despite this recommendation, the included medical documentation fails to substantiate the need for additional psychotherapy services, let alone monthly services for another two years. The ODG recommends a total of 13-20 psychotherapy sessions for the treatment of depression. The injured worker has received numerous psychotherapy services over the past several years and has failed to demonstrate not only consistent progress and improvement, but stability in achieved gains. Therefore, the request for an additional 24 psychotherapy sessions (monthly for 24 months) is not medically necessary.