

Case Number:	CM15-0086365		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2009
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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 male, who sustained an industrial injury on 3/31/2009. He reported injury from a fall. The injured worker was initially diagnosed as having a fractured left great toe and navicular bone. Current diagnoses include chronic regional pain syndrome and lumbar post-laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, injections, psychological evaluation, spinal cord stimulator, custom foot orthotics, group therapy and cognitive behavior therapy. In progress notes dated 1/19/2015 and 3/30/2015, the injured worker is documented to have improvement in depression and suicidal/hopelessness and he continues to have low back pain that is controlled with medications and increased pain in the left knee. The treating physician is requesting 6 sessions of cognitive behavior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT twice a month x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress.

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 psychiatric/medication management services from [REDACTED] and psychological treatment from [REDACTED]. There are several handwritten progress notes from [REDACTED] included for review. However, it is unclear as to the exact number of completed sessions to date. Additionally, in the most recent progress note, dated 4/3/15, it is noted that the injured worker has benefitted from psychotherapy however; the progress and functional improvements achieved from the completed sessions are not adequately communicated. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further indicates that in "severe cases of Major Depression or PTSD, up to 50 sessions if progress is being made." Since the progress notes fail to identify the number of sessions completed to date nor the exact progress made from those sessions, the need for additional treatment cannot be fully determined. As a result, the request for an additional CBT twice a month X 12 weeks is not medically necessary.