

Case Number:	CM15-0089352		
Date Assigned:	05/13/2015	Date of Injury:	01/24/2014
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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 51 year old female, who sustained an industrial injury, January 24, 2014. The injured worker previously received the following treatments 8 chiropractic sessions and cognitive behavioral consultation. The injured worker was diagnosed with impaired memory, anxiety and depression. According to progress note of January 16, 2015, the injured workers chief complaint was the physical injuries seem quite limiting in nature both in terms of pain level and functionality. The injured workers activities of daily living appear significantly compromised as a result of injury condition. The psychological evaluation the injured worker suffered orthopedic/neurological injury to the back. The injured worker had been experiencing chronic pain. The injured worker suffered anxiety and depression has been experiencing since the injury. The impairment of the cognitive functions and have deteriorated as a direct consequence of the injured workers prolonged orthopedic and neurological disability and complex reliance upon Zoloft to manage anxiety and appetite. The treatment plan included 12 sessions individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Weekly x 12 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 behavioral therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation in January 2015 by [REDACTED] at [REDACTED]. In that report, it was suggested that the injured worker receive follow-up individual psychotherapy. It appears that the request under review is based upon [REDACTED] suggestion. Given the nature of the injured worker's injuries and the recommendations from [REDACTED], there is a need for follow-up treatment. The ODG suggests "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Utilizing this guideline, the request for 12 individual psychotherapy sessions appears reasonable and is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.