MAXIMUS Federal Services

Case Number:	CM14-0148720		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2007
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50 year-old female ([redacted]) with a date of injury of 9/8/07. The claimant sustained injury to her back as the result of repetitive movements such as bending, stooping, pushing, and lifting as part of her normal and customary duties as a cashier and food preparer while working for [redacted], a concession stand located [redacted]. In her 8/1/14 PR-2 report, [redacted] diagnosed the claimant with: (1) Lumbar strain/sprain; (2) Lubalgia/lumbar intervertebral disc; (3) Spinal stenosis/lumbar region; (4) Chronic pain syndrome with psyche features due to medical condition; (5) Sciatica; (6) Cumulative trauma from repetitive motion; (7) Anxiety disorder; and (8) Major depressive disorder, moderate. The claimant has been treated with medications, chiropractic, acupuncture, injections, and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 1 session: 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 (ODG): Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression

Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions as well as the ODG regarding the use of cognitive therapy for the treatment of depression will be used as references for this case. Based on the review of the limited medical records submitted, the claimant continues to experience pain as well as psychiatric symptoms of depression and anxiety. In her 8/1/14 PR-2 report, [redacted] indicated that the claimant was "last seen by psychology [redacted] on 12/20/13. She was advised on-going psychotherapy (12 sessions per year) and CBT." Despite this information, there were no psychological records included for review. Without records of prior services, the number of sessions previously completed nor the claimant's responses to those sessions are known. Additionally, [redacted] recommended and requested psychotherapy and CBT sessions with psychologist, [redacted]. It is unclear whether the claimant has previously met with [redacted] or if [redacted] is requesting a new physician. Without sufficient psychological information, the need for further treatment cannot be fully determined. As a result, the request for "Psychotherapy, 1 session" is not medically necessary.