

Case Number:	CM14-0161158		
Date Assigned:	10/06/2014	Date of Injury:	09/20/1999
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Board Certified 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 64 year-old female [REDACTED] with a date of injury of 9/20/99. The claimant sustained injury to her back, neck, and shoulders when she slipped and fell on wax floors while holding a box above her head. The claimant sustained this injury while working as the principal for [REDACTED]. In their 6/11/14 "Visit Note", Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with: (1) Degeneration cervical disc; (2) Unspecified major depression, recurrent episode; and (3) Generalized anxiety disorder. She has been treated with medications, cortisone shots, physical therapy, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In their "Behavioral and Psychological Evaluation" dated 9/5/13, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; and (2) Pain disorder associated with both psychological factors and a general medication condition, chronic. The claimant has been receiving psychotherapy to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy- 6 follow up visits with Psychologist: 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 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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the treatment of depression therefore; the Official Disability Guideline (ODG) regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in September 1999. She has also been experiencing symptoms of depression secondary to her orthopedic injuries. The claimant completed an initial psychological evaluation with [REDACTED] [REDACTED] and [REDACTED] in September 2013. It was indicated in that report that the claimant had not participated in any prior psychological treatment regarding this case. It appears that the claimant began follow-up psychotherapy services with [REDACTED] under the supervision of [REDACTED] for at least 12 sessions, which ended on 5/29/14. She then began another round of 12 sessions on 6/5/14 and was treated by [REDACTED], under the supervision of [REDACTED]. The most recent progress note included for review is dated 8/14/14 and indicates that it is from session #6 of 12. Given that the claimant has another 6 sessions to complete, the request under review for an additional 6 sessions is premature. Additionally, the ODG indicates that there is to be a total of up to 13-20 sessions over 13-20 weeks. The request for an additional 6 sessions exceeds those guidelines. As a result, the request for "Cognitive Behavioral Therapy- 6 follow up visits with Psychologist" is not medically necessary.