

Case Number:	CM14-0211597		
Date Assigned:	12/24/2014	Date of Injury:	05/05/2011
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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 57 year-old male (DOB) with a date of injury of 5/5/2011. The injured worker sustained injury to his lower back and right knee when he fell about 4-5 feet from a ladder while working as a boat painter/repairman for [REDACTED]. He has been diagnosed with: Lumbar spondylosis, right sciatica, L2-3 spondylolisthesis, grade I; Lumbar degenerative disc disease, L2-L4 with stenosis; Thoracic sprain; Lumbar sprain; Lumbar disc herniation; Chronic right knee pain status post right knee replacement; Lumbar disc protrusion; Lumbar neuritis; Sacral sprain facet syndrome; and Insomnia. It is noted by UR that the injured worker developed psychological symptoms secondary to his work-related orthopedic injuries. According to their report, the injured worker has been diagnosed with: Major depressive disorder, severe with psychotic features; Adjustment disorder with anxiety; Insomnia related to pain; Anxiety and depression; and Chronic pain. They further note that the injured worker has been treated for his psychological/psychiatric symptoms with psychotropic medications as well as with group and individual therapy. Unfortunately, there were no psychological/psychiatric records included for review to confirm UR reports. The request under review is for an additional 6 group psychotherapy sessions as well as an additional 6 individual psychotherapy sessions, which were denied by UR in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group cognitive behavioral therapy (CBT) sessions x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health chapter, Office visits

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: Based on the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. According to UR, the injured worker also developed symptoms of depression secondary to his chronic-pain. Unfortunately, there were no psychological nor psychiatric records included for review to confirm this report and substantiate the need for 6 group CBT psychotherapy sessions. Without sufficient information, the request for group cognitive behavioral therapy (CBT) sessions x 6 is not medically necessary.

Individual cognitive behavioral therapy (CBT) sessions x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health chapter, Office visits

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: Based on the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. According to UR, the injured worker also developed symptoms of depression secondary to his chronic-pain. Unfortunately, there were no psychological nor psychiatric records included for review to confirm this report and substantiate the need for 6 individual CBT psychotherapy sessions. Without sufficient information, the request for individual cognitive behavioral therapy (CBT) sessions x 6 is not medically necessary.