

Case Number:	CM14-0211992		
Date Assigned:	01/02/2015	Date of Injury:	11/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
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 (IW) is a 29 year old male with a date of injury of 11/17/2013. The IW sustained injury to his back while working at [REDACTED]. He has been diagnosed with: S/P L3, L4, and L5 laminectomy; low back pain and discomfort; bilateral radiculopathy, left greater than right; large struded disk herniation at L4-5; complete loss of lumbar lordosis; and inability to stand upright. It is also reported that the IW developed psychological symptoms including: loss of energy, poor sleep, fatigue, poor memory and concentration, feelings of worthlessness and hopelessness, sadness, low libido, and crying. He has been diagnosed with: Major depressive disorder, single episode, moderate; Pain disorder associated with both psychological symptoms a general medical condition; and Sleep disorder, insomnia type. The request under review is for an initial 12 psychotherapy sessions, which were modified to an initial 4 psychotherapy sessions by UR on 12/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x12 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in November 2013. He has also been experiencing psychological symptoms for which he has yet to receive treatment. In his psychiatric assessment, [REDACTED] recommended psychotherapy. The request under review is based on [REDACTED] recommendation. However, the ODG recommends an initial trial of 6 visits for the treatment of depression. Utilizing this guideline, the request for an initial 12 psychotherapy visits exceeds the recommendation. As a result, the request for 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.