

Case Number:	CM15-0015528		
Date Assigned:	02/03/2015	Date of Injury:	04/28/2006
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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 is a 52 year old female who sustained an industrial injury on 4/28/06 resulting in low back pain. She currently is experiencing ongoing symptoms of chronic pain and severe depression. Current medications include gabapentin, cyclobenzaprine, hydrocodone-acetaminophen and Zolpidem. Diagnoses include severe depression with psychotic features; sprain and strain of the lumbar region; thoracic or lumbosacral neuritis or radiculitis; pain in joint of lower leg and skin sensation disturbances. Treatments to date include acupuncture, which was effective in relieving low back pain; epidural steroid injection lumbar spine and aquatic therapy. Progress note from the treating provider on 1/5/15 indicates improvement from cognitive behavioral therapy, including increased structured activity outside the home, increased social engagement and decreased anger and irritability. Due to her complex psychological distress and her difficulty in benefiting from medical treatment it is recommended that the injured worker continue with cognitive behavior therapy at this time in order for her to aid her in regaining her function and improve her recovery. On 1/12/15 Utilization Review non-certified the request for 12 additional sessions of cognitive behavioral therapy for the management of symptoms related to lumbar, as an outpatient citing MTUS: Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Cognitive Behavioral Therapy for the Management of Symptoms related to the Lumbar as an Outpatient: Upheld

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 Mental Illness and Stress Chapter

Decision rationale: In a July 2014 progress note, [REDACTED] recommended and requested 12 psychotherapy sessions. It is unclear from the medical records as to whether those sessions were authorized. Included for review are 5 progress reports dated 10/27/14-12/29/14 indicating sessions 2-6 of an authorized 6 sessions. There is no note from session 1 nor a psychological evaluation to review. Because of incomplete records, the number of completed sessions to date is not known. Without this information, the need for additional psychotherapy sessions cannot be fully determined. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.