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| Case Number: | CM15-0115254 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 09/26/2008 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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 35 year old female, who sustained an industrial/work injury on 9/26/08. She reported initial complaints of lower spine pain. The injured worker was diagnosed as having lumbar strain, left sacroiliac pain, and left hip and leg pain. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, and pain management. Currently, the injured worker complains of chronic pain in the lower spine that increases with cold weather. Per the primary physician's progress report (PR-2) on 5/21/15, examination revealed mood is less depressed and anxious, she is more engaged at work with family and friends. Current plan of care included follow up psychotherapy. The requested treatments include psychotherapy, ten visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, ten visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the limited medical records, the injured worker has been receiving psychological services from treating psychologist, [REDACTED]. According to the UR report, the injured worker had been authorized for an initial 4 psychotherapy sessions. However, this was not confirmed within [REDACTED] progress note dated 5/21/15. In that note, it indicated that the injured worker had only one authorized session left, but it did not indicate the number that were initially authorized. Additionally, there was no indication of a diagnosis, so this request is being treated as a request for additional psychotherapy to treat chronic pain, not a psychiatric condition. The CA MTUS recommends a "total of up to 6-10 visits over 5-6 weeks (individual sessions)" if there has been evidence of objective functional improvement from the initial sessions. Given this guideline, the request for an additional 10 psychotherapy sessions exceeds the total number of recommended sessions. As a result, the request for an additional 10 psychotherapy sessions is not medically necessary.