

Case Number:	CM15-0122211		
Date Assigned:	07/10/2015	Date of Injury:	08/01/2012
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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 41 year old male, who sustained an industrial injury on 8/01/2012. He reported cumulative trauma injury to the neck and low back. Diagnoses include chronic lumbar radicular pain. Treatments to date include medication therapy, acupuncture treatments, and physical therapy. Currently, he complained of low back pain with radiation to lower extremities and increased pain with exacerbation of depression and post traumatic stress disorder. On 5/8/15, the physical examination documented lumbar tenderness, decreased range of motion, decreased sensation and bilaterally positive straight leg tests. His mood was noted to be depressed. The provider documented worsening PHQ9 and GAD7 scores; however, these results were not included in the medical records submitted for this review. The plan of care included psychotherapy two times a week for six weeks to treat post traumatic stress disorder (PTSD), chronic depressions and chronic anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 3 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23,25. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker struggles with symptoms of PTSD however, he has yet to receive mental health treatment. The request under review, for psychotherapy 3 times a week for 8 weeks, has been requested by the injured worker's primary physician and not a psychologist or psychiatrist. First, without having completed a thorough psychological evaluation, the need for psychological treatment cannot be fully determined. Additionally, if treatment was recommended, the request for initial services must follow the ODG recommendations. As a result, the request is not medically necessary.