

Case Number:	CM15-0172544		
Date Assigned:	09/14/2015	Date of Injury:	12/23/1995
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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 48 year old male who sustained an industrial injury on 12-23-95. Progress report dated 5-22-15 reports continued complaints of neck, back and leg pain. The pain is constant, dull and aching rated 5 out of 10. Most of the pain is in his back with numbness to his legs. Treatments include: epidural, facet injections and rehabilitation services. Diagnoses include: status post cervical spine surgery, lumbar, low back pain with radiculopathy. Plan of care includes: recommend CT diskogram. Work status: unable to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy; Combination of group, phone, and individual sessions; total of 4 sessions a month: one times a week (starting 1/1/2015-12/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including both individual and group therapy from [REDACTED] for the past several years. The request under review is for additional psychotherapy via group, phone and individual sessions for a total of 4 sessions per month, one time per week, until December 31, 2015. In the treatment of severe cases of depression and or PTSD, the ODG recommends "up to 50 sessions, if progress is being made." It appears that the injured worker has been unable to sustain consistent progress and stability despite the several years of therapy. However, he does appear to be in need of additional treatment. Unfortunately, the request for a year of therapy exceeds the guidelines. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 10 psychotherapy sessions in response to this request.