

Case Number:	CM15-0024388		
Date Assigned:	02/13/2015	Date of Injury:	06/10/2009
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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 54 year old female who sustained a work related injury June 10, 2009. Past history includes; hypertension; s/p anterior posterior decompression and fusion lumbar spine L5-S1, March 25, 2011 and exploration of lumbar fusion with removal of retained pedicle screw hardware January 2013; s/p anterior cervical discectomy and fusion at C5-6 and C6-7, August 22, 2014. According to a primary treating physician's progress report dated January 22, 2015, the injured worker presented for re-evaluation of her neck and lower back. She stopped her post-operative physical therapy to work on a home exercise program which she feels is more beneficial. She now has mild to moderate neck pain with occasional spasms and occasional upper back pain. Current medication includes; Tylenol, Ultram, Norco, Lidoderm patches, Ambien, Flexeril, Biofreeze and Wellbutrin and Paxil for depression caused by neck and lower back pain. Treatment plan included request for additional psychological sessions, discussion of sacroiliac joint injections and prescriptions for medications. According to utilization review dated February 2, 2015, the request for Psychological Treatment x 6 biweekly Sessions is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Psychological Treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment times 6 bi-weekly sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 completed an initial psychological evaluation with [REDACTED] in November 2014 and received 2 initial psychotherapy sessions (once in December and once in Jan. 2015). In her brief progress report from January 2015, [REDACTED] indicated that the injured worker continues to struggle with psychiatric symptoms and will benefit from additional treatment. The request under review is based on this recommendation. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this guideline, it is unclear why only 2 sessions were initially authorized and not an initial 6 sessions. As a result, the request for an additional 6 sessions appears reasonable and medically necessary.