

Case Number:	CM15-0058356		
Date Assigned:	05/08/2015	Date of Injury:	05/12/2010
Decision Date:	10/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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 56 year old male with an industrial injury dated 05-12-2010. Medical record review indicates he is being treated for lumbago, sprain-strain lumbar and major depressive disorder. He presents on 03-10-2015 with complaints of low back pain. The provider documents: "Never received authorization to continue psyche, was having benefit." The injured worker stated he had pain to low back down both legs. Physical exam noted "spasms left, tender bilateral." Medications included Lexapro, Norco ("ran out of"), Tizanidine ("ran out of- not authorized"), Ibuprofen and Omeprazole. The provider requested authorization for additional psych cognitive behavioral therapy. The progress note dated 02-10-2015 documents the injured worker reports that his pain continues and "this is a major stressor for him." "The patient continues to learn coping skills to decrease his stress." Cognitive behavioral therapy - additional 6 sessions was requested. Prior treatments included cognitive behavioral therapy and medications. The treatment request is for cognitive behavioral therapy (unspecified). On 03-23-2015, the request for cognitive behavioral therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 participated in an unknown number of psychotherapy sessions with treating psychologist, [REDACTED]. In the most recent PR-2 report, dated 11/16/14, [REDACTED] notes continued depression and recommends an additional 6 psychotherapy sessions, for which the request under review is based. Unfortunately, the PR-2 report fails to indicate the number of completed sessions as well as the progress and improvements that have been made as a result of those sessions. Additionally, the request under review is too vague as it does not specify an exact number of sessions being requested, the frequency of the sessions, nor the duration for which the sessions are to occur. As a result, the request for cognitive behavioral therapy (unspecified) is not medically necessary.