MAXIMUS Federal Services

Case Number:	CM15-0061238		
Date Assigned:	04/07/2015	Date of Injury:	09/05/2008
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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 66 year old male who sustained an industrial injury on 09/05/2008. Diagnoses include major depressive disorder, sexual dysfunction, chronic low back pain, and lumbar spine degenerative disc disease and joint disease. Treatment to date has included medications, psychotherapy and biofeedback sessions. A physician progress note dated 11/17/2014 documents the injured worker has a depressed mood, anxiety, trouble sleeping, irritability, tearfulness, and pain and discomfort in the left lower extremity, numbness in the bottom of the left foot and groin area, and difficulties with erectile dysfunction. He has improved mood and facial expression following every session. Treatment requested is for 12 bi monthly psych sessions (dates of service: 3/10/14, 5/5/14, 6/30/14, 8/4/14, and 11/17/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 bi monthly psych sessions (dates of service: 3/10/14, 5/5/14, 6/30/14, 8/4/14, 11/17/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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 ChapterCognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotherapy services from [redacted] since March 2014. The only progress report of [redacted] included for review is dated 11/17/14. First, this report does not offer any information about services between November 2014 and March 2015. Secondly, the report fails to indicate the exact number of completed sessions nor the objective functional improvements from those sessions. Without this information, the need for any additional psychotherapy sessions cannot be determined. As a result, the request for 12 bimonthly psych sessions is not medically necessary.