

Case Number:	CM15-0073466		
Date Assigned:	04/23/2015	Date of Injury:	01/13/2012
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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 46 year old male who sustained an industrial injury on 1/13/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Treatments to date have included chiropractic treatments, physical therapy, muscle relaxants, and oral pain medication. Currently, the injured worker complains of back, neck and lower extremity pain. The plan of care was for Psychological treatment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] in March 2015. In his report, [REDACTED] recommended follow-up psychotherapy services for which the request under review is based. Unfortunately, the request under review, for psychological treatment, remains too vague and does not offer enough information regarding the number of sessions being requested. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Although it appears that [REDACTED] suggested 6 sessions, the request does not indicate 6 psychotherapy sessions. As a result, the request for psychological treatment is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.