

Case Number:	CM15-0073957		
Date Assigned:	04/24/2015	Date of Injury:	09/28/2005
Decision Date:	05/27/2015	UR Denial Date:	04/13/2015
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 57 year old female, who sustained an industrial injury on 9/28/05. The injured worker has complaints of neck, upper extremity and low back pain. She has complaints of constant pain in the neck and headaches going up the back of the head. Diagnoses have included cervical spinal stenosis; pain in joint shoulder; neck pain and status post cervical fusion. Treatment to date has included lumbar spine surgery on 11/6/14; aqua therapy; psychology consultation; electromyography of the upper extremities; magnetic resonance imaging (MRI) of the lumbar and cervical spine; epidural steroid injection; cervical fusion and medications. The request was for psychotherapy with psychologist for 8 sessions for cognitive behavioral treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy with psychologist for 8 sessions for cognitive behavioral treatment Qty: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CBT and Mental Health and Illness Chapter, Cognitive Therapy.

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] on 3/26/15. In that report, [REDACTED] diagnosed the injured worker with Major Depressive Disorder and recommended an initial 8 CBT psychotherapy sessions for which the request under review is based. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Utilizing the ODG, the request for an initial 8 sessions exceeds the recommended number of initial sessions and is therefore, not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 6 psychotherapy sessions in response to this request.