

Case Number:	CM15-0097512		
Date Assigned:	05/28/2015	Date of Injury:	04/19/2006
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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:

This 50 year old male sustained an industrial injury on 4/19/06. He subsequently reported neck and shoulder pain. Diagnoses include cervical and lumbar radiculitis, status post cervical fusion, headaches, depression and anxiety. Treatments to date include MRI and x-ray testing, surgery, physical therapy, psychotherapy and prescription pain medications. The injured worker continues to experience neck pain with radiation to the bilateral upper extremities as well as headaches. Upon examination, the injured worker is awake and oriented times 3, has depression, anxiety and hopelessness. There is weakness in bilateral lower extremities. A request for Weekly psychotherapy for 6 months was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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, particularly the UR determination letter, the injured worker has been receiving psychological services from [REDACTED] for a total of 10 sessions. Unfortunately, none of [REDACTED] reports or medical records were included for review. Without any information regarding the previously completed services, the need for any additional treatment cannot be determined. Additionally, the request for an additional 6 months of weekly sessions is excessive and exceeds the ODG recommendations. As a result, the request for weekly psychotherapy for 6 months is not medically necessary.