

Case Number:	CM13-0010397		
Date Assigned:	09/18/2013	Date of Injury:	07/18/2007
Decision Date:	09/15/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/13/2013

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 60 year old male who sustained an industrial injury on July 18, 2007. The worker was employed as a load out specialist. The accident was described as while working manually loading frames and grates on a pallet, he was bending down to straighten the load facing away from the pallet, the grates fell and hit the back of his left heel and or foot area. A psychiatric follow up dated March 11, 2015 reported present psychiatric medications are: Vibryd, Ambien and Saphris. Documentation reported the worker being seen for anxiety and depression associated to a work related injury. A follow up psychiatric visit dated January 29, 2015 reported the worker remaining the same and still symptomatic. He states the insurance company is no longer covering his medications. The plan of care noted continuing with medications with recommendation that he attend counseling although the worker does not feel this would be of any benefit. He was given samples of medications. A primary treating office visit dated March 12, 2015 reported chief subjective complaint of chronic left foot pain. He states utilizing a transcutaneous nerve stimulator unit. He also states his tennis shoes are wearing out and he wishes a new pair. There is a new complaint of itching over the lateral left leg. He is diagnosed with Aseptic necrosis of bone. The plan of care noted the worker as permanent and stationary; continuing Trazadone, recommending new tennis shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 documents prior to July 2013, the injured worker had been receiving psychiatric services from [REDACTED] as well as receiving psychotherapy from [REDACTED]. The request under review is from July 2013 and involves an unknown quantity of additional psychotherapy sessions. Unfortunately, the progress notes dated 7/9/13, 7/16/13, and 7/17/13, fail to offer information as to the number of completed sessions. Additionally, there was limited information regarding the progress and improvements made as a result of those sessions. Lastly, the request for an unknown number of additional psychotherapy visits remains too vague. As a result, the request for an unknown quantity of CBT sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 3 psychotherapy visits in response to this request.