

Case Number:	CM14-0074007		
Date Assigned:	07/16/2014	Date of Injury:	08/11/2005
Decision Date:	09/03/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 58-year-old male, who sustained an industrial injury on August 11, 2005, incurring low back pain, after lifting heavy pallets. He was diagnosed with lumbar disc displacement, lumbar degenerative disc disease, and shoulder impingement syndrome. Treatment included physical therapy, acupuncture, home exercise program, transcutaneous electrical stimulation, pain medications, topical analgesic creams, epidural steroid injection, facet injections and median branch blocks. A lumbar Magnetic Resonance Imaging revealed a disc protrusion, foraminal stenosis and degenerative disc changes. He underwent a surgical lumbar decompression in 2008, laminectomy, bilateral foraminotomy, and implanted epidural catheter for narcotic injections. He complained of constant shoulder pain radiating down the arm and into the fingers with numbness and tingling. He had a surgical intervention of the right shoulder in 2012. Currently, as a result of the injuries he suffered the injured worker developed severe and significant symptoms of depression, which limited his activities of daily living. The treatment plan that was requested for authorization included 24 Cognitive Behavioral Therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 medical records, the injured worker participated in psychotherapy services with [REDACTED]. Unfortunately, the documentation submitted for review fails to provide enough information regarding prior treatment. Additionally, the request for 24 psychotherapy sessions is excessive. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for 3 psychotherapy sessions in response to this request.