

Case Number:	CM13-0005211		
Date Assigned:	05/02/2014	Date of Injury:	09/25/2006
Decision Date:	06/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is licensed in Psychology, has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Based on the records provided for this independent medical review, this is a 41 year old male patient who reported on September 25th 2006 an industrial/occupational injury. The patient has diagnoses of post laminectomy syndrome, psychogenic pain, major depression, recurrent, chronic pain syndrome, anxiety NOS, and s/p microdiscectomy; additional medical diagnoses are provided in his chart. With respect to his psychological symptoms he is depressed about being unable to perform most activities of physical labor and as an example he of his fears he put protective bars on his home knowing that he would not be able to protect his family. He experiences severe hopeless, depression and feeling useless about his role as a provider for his family.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) FOLLOW-UP VISITS WITH PSYCHOLOGIST: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and the Chronic Pain Medical Treatment Guidelines, Behavioral Intervention Section.

Decision rationale: The MTUS guidelines for general psychotherapy in the treatment of chronic pain are non-specific, however they do address the use of CBT and state that it is a recommended treatment and that after an initial trial, if it shows positive results in terms of objective functional improvements that up to 10 sessions may be offered. The slightly more generous Official Disability Guidelines (ODG) mental illness and stress chapter for psychotherapy topic suggests that with objective function improvement a total of 13 to 20 visits over 13 to 20 weeks of individual sessions is allowed. After a careful review of all of the medical records were provided it does appear clear that the patient is continuing to experience sufficient psychological distress sufficient to warrant the continuation of psychotherapy as medically necessary, and that the ODG's allowance of 13 to 20 sessions of individual outpatient psychotherapy would be applicable. Based on my understanding of this patient's current situation as dictated in the medical notes and charts this would appear to be a valid use of treatment for a medically necessary condition. The request is medically necessary and appropriate.