MAXIMUS Federal Services

Case Number:	CM13-0012259		
Date Assigned:	06/06/2014	Date of Injury:	05/23/1988
Decision Date:	07/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 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:

The claimant is a 72 year-old male ([redacted]) with a date of injury of 5/23/88. The claimant sustained injury to his back while working as a bus driver for [redacted]. It is reported in many reports that the claimant injured his back when he bent over to pick up a fare dropped by a passenger. In reports written by [redacted], the claimant injured his back as the result of a motor vehicle accident. In [redacted] final Progress Report (PR-2) dated 9/3/13, the claimant was diagnosed with: (1) Chronic radial lumbar pain, disc dissestion; (2) Anxiety, depression; (3) Hormonal deficiency; (4) Sleep disturbance; and (5) Opioid dependence, suboxone therapy. More recently, in a "Primary Treating Physician's Progress Report" dated 5/27/14, [redacted] diagnosed the claimant with Chronic spinal pain associated with disc injury and Pseudoaddiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127. Official Disability Guidelines (ODG), Treatment in Workers Comp, 2013, web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

Decision rationale: Based on the review of the medical records, the claimant has been receiving services for his chronic pain for many years. He had been receiving pain management services from [redacted] in 2013, but transferred to [redacted] in November 2013 as a result of [redacted] refusing to increase the claimant's current suboxone dose. It was [redacted] that requested the additional psychotherapy sessions under review. In her PR-2 report dated 8/1/13, [redacted] wrote that the claimant is "requesting referral to his psychologist, [redacted] who he has been seeing under worker's comp for his anxiety and depression." She later stated when discussing future plans that "regarding psychotherapy, the patient states that he has been treating with a psychologist, [redacted] for several years, one treatment per month. He states he finds these sessions helpful with respect to controlling his anxiety and depression. He is requesting additional sessions." Despite this information from [redacted], there are minimal psychological records submitted for review. There are 2 pages of summarized notes from MFT, [redacted], sumarizing visits from 10/2/12-3/20/13. There is no diagnostic information presented and there is also no information about the exact total number of sessions completed to date nor the progress/improvements from those sessions. Without this information, the need for additional sessions cannot be determined. As a result, the request for Six (6) Additional Sessions of Psychotherapy is not medically necessary.