

Case Number:	CM13-0019509		
Date Assigned:	09/27/2013	Date of Injury:	01/14/2010
Decision Date:	01/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Board Certified 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.

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 patient is a 49-year-old male who sustained a low back injury on January 14, 2010 in which he was moving a sofa from upstairs to downstairs. He slipped and fell and injured his low back and noticed right foot pain two to three days after the injury. A report dated September 5, 2013 by [REDACTED] notes the patient continues to have ongoing lower back pain that is radiating to both legs. On August 26, 2013, [REDACTED] states the patient continues to have pain in his lumbar spine as well as pain and mechanical symptoms in his left knee. The patient is diagnosed with status post arthroscopic surgery left knee, plantar fasciitis bilateral feet, and myoligamentous strain of the lumbar spine, four weeks post date of injury as a compensable consequence. On March 6, 2013, [REDACTED], diagnoses the patient with pain disorder associated with psychological factors and a medical condition, major depressive disorder, single, severe without psychotic features, and generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for six (6) sessions of behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Part 2, Pain Interventions and Treatments Page(s): 23.

Decision rationale: In a CBT psychotherapy report dated 3/6/13, [REDACTED] states the patient presents with moderate anxiety and depression absent s/i. In a CBT psychotherapy progress report dated 3/13/13, [REDACTED] states the patient denies any significant change in his pain. He reports significant feelings of anxiety throughout the day for which he utilizes diazepam (2 tablets per day). In a CBT psychotherapy progress report dated 3/27/13, [REDACTED] states the patient denies any significant change in his pain or anxiety levels. He denies any s/i. He continues to complain of significant lower extremity pain. In a progress report dated 3/27/13, [REDACTED] states the patient complains of increasing anxiety and worry about working in the future. In a CBT psychotherapy progress report dated 4/3/13, [REDACTED] states the patient continues to complain of significant pain and anxiety. He denies any s/i. He reports physical activity exacerbates his pain experience. In a CBT psychotherapy progress report dated 4/10/13, [REDACTED] states the patient reports a slight reduction in anxiety. In a CBT psychotherapy progress report dated 4/17/13, [REDACTED] reports the patient presents with mild anxiety absent s/i. She states further, "He reports improvement as noted above, decreased feelings of dysphoria, agitation, and behavioral avoidance." There is no medical evidence of objective functional improvement as a result of the 6 Cognitive Behavioral Therapy sessions provided between 3/6/13 and 4/17/13.