

Case Number:	CM13-0026623		
Date Assigned:	11/22/2013	Date of Injury:	11/30/2007
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 36-year-old male who reported injury on 11/30/2007. The mechanism of injury was stated to be the patient was lifting a cylinder that was 300 to 400 pounds and had low back pain. The patient was noted to have a laminectomy at L5-S1 in 2008. The patient was noted to have depression, a loss of energy, feeling slowed down, loss of interest and motivation, a diminished capacity for pleasure, feelings of worthlessness, feelings of hopelessness, impaired concentration, memory impairment, sexual dysfunction, diminished emotional control, uncontrollable crying, uncharacteristic irritability, social withdrawal, anxiety, anxiety related headaches, sleep disturbance, panic attacks and a nervous tremor as per the subjective complaints submitted for review. The diagnoses were noted to include major depressive disorder and anxiety disorder NOS. The request was made for 20 sessions of cognitive behavioral psychotherapy and a health club membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 cognitive behavioral therapy psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Section Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The clinical documentation submitted for review indicated the patient had a major depressive disorder and anxiety disorder; however, there was a lack of psychiatric testing that was provided. Additionally, there was a lack of documentation indicating a necessity for 20 sessions. Given the above and the lack of documentation, the request for 20 sessions of cognitive behavioral therapy is not medically necessary.

health club membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships, Online version.

Decision rationale: The Official Disability Guidelines indicate that memberships to health clubs, swimming pools and athletic clubs would not generally be considered medical treatment and are not covered under Official Disability Guidelines. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for health club membership with pool, for undetermined length of time, is not medically necessary.