

Case Number:	CM13-0030700		
Date Assigned:	11/27/2013	Date of Injury:	08/18/2010
Decision Date:	01/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 Psychiatry, 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 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.

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 35-year-old male with a date of injury of 8-18-10. The provider submitted a prospective request for 8 psychotherapy sessions. A review of the records indicated the patient had chronic low back pain and was status post anterior lumbar spine disc replacement at L4-L5 on 3/14/12. The symptoms were managed with physical therapy and medications. The patient was also undergoing psychotherapy group sessions since at least 12/12/12. The patient was diagnosed with adjustment reaction mixed emotional features as reported on [REDACTED] progress reports. The provider noted on the most recent evaluation dated 8/28/13 that the patient had low back pain still and was very worried about the future. The patient also complained of sleep problems. The patient reported the treatment was helpful, and it helped with trust issues. He was more socially active. The most recent progress report of 8/28/13 indicated the patient reported the treatment was helpful, he was more socially active, and kept him from complete social isolation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) psychotherapy sessions: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)..

Decision rationale: The Chronic Pain Guidelines indicate that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines indicate that providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. These guidelines are clear that a total of up to 6-10 visits are in keeping within guideline recommendations. The medical records provided for review indicate that the patient reported the treatment was helpful, and it helped with trust issues. He was more socially active. The most recent progress report of 8/28/13 indicated the patient reported the treatment was helpful, he was more socially active, and kept him from complete social isolation. The request for eight (8) psychotherapy sessions is medically necessary and appropriate.