

Case Number:	CM13-0032525		
Date Assigned:	12/11/2013	Date of Injury:	04/07/2010
Decision Date:	02/06/2014	UR Denial Date:	09/30/2013
Priority:	Expedited	Application Received:	10/08/2013

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 a licensed Psychologist 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:

According to the medical records, the patient is a 46-year-old female who sustained an injury to her left knee as a result of a motor vehicle accident on 4/7/10. She underwent a left knee arthroscopy on 6/28/12, and on 2/16/12 underwent left knee arthroscopy, medial meniscectomy, chondroplasty, PRP injection, and blood harvest. On 3/18/13, [REDACTED] states the patient underwent a lumbar discectomy L5-S1, on 2/19/13. On 8/16/13, [REDACTED], reports the patient has had no change and that she has neck pain that radiates along the right subscapular region and back pain that is accompanied by right lumbar radicular pain and achiness, in an L5 distribution, down the lateral leg and to the dorsolateral foot. He states the back pain is constantly present and has been unrelieved with multiple medication trials. Clinical impression is stated as chronic low back pain with right lumbar radiculopathy status post microdiscectomy, painful spondylosis, and neck pain. On 5/13/13, [REDACTED] indicates the patient's diagnoses are major depressive disorder and panic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional pain psychology treatment x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23.

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

Decision rationale: The medical records contain evidence of 6 pain psychology treatment sessions with [REDACTED]. On 6/5/12, [REDACTED] states the patient's mood is moderately depressed with loss of self-esteem, meaning and purpose. On 10/8/12, [REDACTED], [REDACTED]. reports the patient was last seen in July 2012 and that 12 treatment sessions are currently authorized. On 3/18/13, [REDACTED] states CBT was reviewed, with pacing and positive imagery/meditation. On 5/13/13, [REDACTED]. diagnoses the patient with major depressive disorder and panic disorder and indicates he would like to see the patient a bit more frequently through a crisis and apply CBT and imagery-based coping techniques as well as yogic breathing and self-hypnosis. On 8/4/13, [REDACTED] states the patient exhibits less cognitive clouding and reports review of CBT, focusing on reducing catastrophic thinking and anxiety in lieu of problem solving and self pain management strategies. On 8/19/13, [REDACTED] [REDACTED]. reports the patient presents with intense anxiety, despondent mood, and is overwhelmed. Her functional capacity is described as highly limited as brief activity is followed by pain and spasm. CBT, guided meditation, and NLP hypnosis is used. It is not clear from the available records whether the 12 authorized sessions have been exhausted and there is no evidence of objective functional improvement as a result of the provided pain management therapy sessions.