

Case Number:	CM13-0033801		
Date Assigned:	12/06/2013	Date of Injury:	11/10/1999
Decision Date:	10/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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 records that were provided for this IMR, this 50 year old male patient reported a work-related injury that occurred on November 10, 1999. The mechanism of injury was not provided. The treatment progress note from August 2013 stated that the patient's blood pressure was fluctuating with increased pain and stress levels and is being monitored by a nurse at his home. Complains of right rib pain and lower extremity weakness and reports increasing headaches and tension. He is described as doing very poorly and complains of short temper and depression. There are difficulties with activities of daily living including cooking cleaning and shopping. He has severe low back pain and knee pain. Sleep is improved but he is still unable to sleep normally and there is also improvement with outlook, function, and pain. There is swelling, tenderness and inflammation in his low back where the hardware is. He has been diagnosed with lumbar spine radiculitis, chronic; depression severe; lumbar post laminectomy syndrome; chronic pain syndrome; sleep impairment; status post bilateral knee surgery; obesity; permanent and stationary status. Treatment plan includes continuing medications for pain and Cymbalta, GABA, continue psych.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown individual psychotherapy as outpatient related to chronic low back symptoms:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102.

Decision rationale: According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence, with evidence of objective functional improvement. Guidance for session quantity is total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines state 13-20 sessions maximum for most patients; in cases of severe major depression or PTSD up to 50 sessions if progress is being made. Approximately 25 pages were received for this IMR, with only four containing clinical material. There was no information regarding his status in 2014, the most recent progress note was dated August 2013. There were no treatment progress notes provided for this patient's prior psychological treatment. There was no psychological evaluation or any documentation from his treating psychologist. There was no documentation regarding how many sessions the patient is had to date, there was no documentation provided regarding functional improvements that may be a result of prior treatment. The total number of sessions and outcome of prior treatment is not discussed in any manner. The request for treatment in terms of goals and objectives was not stated. The number of sessions being requested was unspecified; all requests for psychological treatment being submitted for IMR need to include the number of sessions being requested. Because medical necessity could not be established due to insufficient documentation and an unspecified quantity of sessions being requested the finding of this IMR is that the original utilization review decision for non-certification is upheld.