

Case Number:	CM13-0035480		
Date Assigned:	12/13/2013	Date of Injury:	04/27/1998
Decision Date:	03/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 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. 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 64-year-old male who reported a work related injury on 04/27/1998, the specific mechanism of injury not stated. The patient presents for treatment of the diagnoses of chronic low back, unstable lumbar spine, post laminectomy syndrome of the lumbar region, dysthymic disorder, cardiomyopathy, major depression and opioid-type dependence. The clinical note dated 10/25/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports he continues to see [REDACTED] Psychologist, and reports doing well. The patient has not followed up with Psychiatrist, [REDACTED]. The provider documents the patient utilizes Cymbalta, Oxycodone-Acetaminophen, Senokot, Losartan Potassium, Carvedilol, Bupropion, Mirtazapine, Sumatriptan, and Lisinopril. The provider documented the patient was pleasant, cooperative, in good spirits, smiling, happy, despite pain. The provider documents functionally the patient is quite limited and has progressed to the point where he is basically housebound but he is in much better spirits per the provider. The provider documents the patient is pending authorization for 24 sessions of uninterrupted psychotherapy/pain management sessions with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

24 pain management counseling sessions: Upheld

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 Section Page(s): 23.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the duration and frequency of treatment the patient has utilized with individualized psychotherapy for his chronic pain complaints status post a work related injury sustained in 1998. As there is a lack of documentation evidencing efficacy of the patient's treatment, duration, and frequency, the current request is not supported. Additionally, as California MTUS supports an initial trial of 6 visits over 6 weeks, the current request is excessive in nature without periodic evaluations of efficacy of psychotherapy interventions for this patient. Given all the above, the request for 24 pain management counseling sessions is neither medically necessary nor appropriate.