

Case Number:	CM13-0037295		
Date Assigned:	12/13/2013	Date of Injury:	12/13/2007
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 reviewer is certified in Clinical Psychology and has a subspecialty in health and Pain Management 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:

This patient is a 33 year old male who has reported being injured while at work as an electrician for [REDACTED] with 3 separate dates of injury the most recent ones listed at 12-13-2007 and 06-28-2008. The medical diagnoses include chronic low back pain with radiating pain and sciatica to his lower extremities, s/p spinal fusion and disc replacement and subsequent reversal of this surgery after it failed to decrease his pain. He is being actively treated with opiate medications, and has "opiate-dependent chronic pain." A recommendation for a spinal cord stimulator has been made by the patient expressed fear about the procedure. He has engaged in regular and aquatic forms of physical therapy. Medical records reviewed for this IMR state he has insomnia and depression and psychiatric diagnoses of Major Depressive Disorder, recurrent, severe; Generalized Anxiety Disorder, severe; Social Phobia, mild, Obsessive Compulsive Disorder, severe" and Opiate Dependence and abuse." Subjective reports of fatigue, difficulty concentrating, muscle tension and spasticity, inability to sleep, depressed mood most of the time, feelings of worthlessness, and passive suicidal ideation. He has had psychological treatment with a licensed social worker and a Psychiatrist. Psychiatric medications as of September 27, 2013 he was taking Prozac 80 mg bid, Xanax 2mg 1-2 tabs hs prn, and Trazadone 50 -50 Mg hs prn It is not clear if he is presently still taking Seroquel or several other medications that have been tried. A request for an additional "10 weekly psycho-therapy sessions, and an additional request to "continue with cognitive behavioral psycho-therapy and pharmacotherapy with a psychiatrist for another 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 psychotherapy sessions with psychiatrist for another 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for "10 weekly psycho-therapy sessions," and an additional request to "continue with cognitive behavioral psycho-therapy and pharmacotherapy with a psychiatrist for another 6 months" were both non-certified because despite extensive medical records provided for the original certification, there is missing several critical documents: a report of the objective functional improvements that have been achieved to date; the number of total sessions completed to date by each therapist, a specific treatment plan stating how additional therapy and concurrent psychotherapeutic modalities will provide objective functional improvements. A detailed letter from his treating team of [REDACTED] [REDACTED] [REDACTED] dated September 27, 2013 attempted to address these concerns however they still lack the total number of sessions provided to date in each therapeutic modality, and with regards to the request that of objective functional improvement it only specifies "some improvement in his thought processes and is actively working on improving his negative cognitions." The ACOEM defines functional improvement as "clinically significant improvement in activities of daily living or a reduction in work restrictions and/or a reduction in dependency on continued medical treatment." Additionally, the guidelines suggest that after an initial trial of 3-4 sessions have been completed and there is demonstrated functional improvement an additional block of sessions can be provided up to 10 sessions. At this time this amount does appear to have been reached without documented demonstrated functional improvement."