

Case Number:	CM13-0053880		
Date Assigned:	04/16/2014	Date of Injury:	10/23/2009
Decision Date:	05/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 licensed 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:

The claimant is a 43-year-old female [REDACTED] with a date of injury of 10/23/09. The claimant sustained an injury to her back when she was changing a patient's diaper and felt a pop in her lower back, with pain radiating down her lower extremities. She sustained this injury while working as a [REDACTED]. In his 3/19/14 "Treating Physician's Progress Report, Review of Medical Records, Request for Authorization, and Appeal of Denial of Treatment", [REDACTED] diagnosed the claimant with the following: (1) Low back and left extremity pain weakness; (2) Lumbar spine sprain/strain status post L4-L5 and L5-S1 revision lumbar fusion on June 8 202 by [REDACTED]; (3) Bilateral knee sprain/strain with internal derangement; and (4) Paroxysmal neuropathic pain with muscle spasms and dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY SESSIONS ONE (1) TIME A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: Based on the review of the medical records, it appears that the claimant completed a psychological evaluation in February 2013 and began psychotherapy services. However, the number of sessions that the claimant has completed and the progress to date is unknown as none of the notes/reports were offered for review. The Chronic Pain Guidelines indicate that "with evidence of objective functional improvement, total of 6-10 visits (over 5-6 weeks)" may be necessary. Due to having insufficient information regarding the claimant's psychological services, the need for further treatment cannot be determined. As a result, the request for additional psychotherapy sessions one (1) time a week for six (6) weeks is not medically necessary.