

Case Number:	CM13-0057403		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2003
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/23/2013

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 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 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 47 year old male with a date of injury of 4/11/03. It is reported within the medical records that the claimant sustained injuries to his back and neck when he was hit from behind by a vehicle at a job site while working as a cement finisher for [REDACTED]. He has received medical treatments including medications, injections, physical therapy, lumbar spine fusion, spinal cord stimulator trial, and other surgery. In his "Progress Report" dated 10/25/13, provided the following impressions: (1) Chronic intractable axial low back pain, right buttock pain, industrially-aggravated; (2) Status post ALIF L5-Si, January 2005; (3) Rule out transitional syndrome, no instability with x-rays; (4) Repeat MRI without any significant abnormality; (5) Status post revision of spinal cord stimulator placement, still with no improvement of the lower back symptoms; (6) No evidence of cervical stenosis, poor quality MRI; (7) Early carpal tunnel, right, EMG studies; (8) Revision implant placement T8-T9 with still lower back symptoms; (9) Worsening anxiety, chronic pain, anger; (10) Status post spinal cord simulator placement, T8; (11) No signs or symptoms of infection; (12) Removal of spinal cord stimulator battery pack; (13) Status post permanent paddle lead removal with revision laminectomy T7-8; (14) Repeat X-rays and MRI from 4/5/12 are without any transitional stenosis at L4-5, solid fusion at L5-S1; (15) Rule out cervical pathology with bilateral upper extremity numbness and pain; and (16) Recent EMG studies 6/1/12 reveal bilateral carpal tunnel syndrome, right side greater than left side, moderate right and mild left, however, no evidence of radiculopathy. In addition as diagnosed in the patients "Follow-up Pain Management Evaluation Report" dated 12/6/13 with: (1) Status post L5-S1 lumbar fusion with failed back syndrome; (2) Right lumbar radiculopathy; (3) Failed spinal cord stimulator system; (4) Cervical sprain/strain; (5) Bilateral carpal tunnel syndrome; and (6) Sever gastritis from chronic medication and stress. Additionally, the claimant developed psychiatric symptoms secondary to his work-related physical injuries. In her "Progress Report"

dated 10/8/13, diagnosed the patient with Depressive disorder NOS and Adjustment disorder, unspecified, chronic. The diagnosis of depressive disorder NOS is also given by psychiatrist, in the PR-2 report dated 11/20/13. The patient has been treated with psychotherapy and psychotropic medications for his psychiatric symptoms. It is the patient's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 cognitive behavioral therapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive Therapy for Depression

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was first evaluated by the physician in November 2010 and completed approximately 8-10 CBT sessions between November 2010 and June 2012. It appears that he resumed services in March of 2013 and completed another set of 8 sessions with a psychologist office. He has also been receiving psychotropic medications and management services. The patient underwent evaluation for a functional restoration program in July and August 2013, but it is unclear whether he participated as there are no records of his participation. Despite this, the claimant continues to be symptomatic per the 10/8/13 report. The request for an additional 4 sessions of psychotherapy appears reasonable given the patient's current functioning and severity of symptoms. As a result, the request for "4 cognitive behavioral therapy sessions" is medically necessary.