

Case Number:	CM13-0057542		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2011
Decision Date:	03/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Psychiatry and Neurology 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 reported a date of injury of 11/17/2011. She suffered from low back pain due to cumulative trauma at work. Per chiropractor notes from 3/25/2013, she was diagnosed with Lumbar Disc Degeneration, Sacrum Segmental Dysfunction, Pelvis Segmental Dysfunction, Sciatic Neuritis and Lumbar Discopathy w/o Myelopathy. Per report from 05/02/2013, she received home exercise program, physical therapy, chiropractic treatment, acupuncture, massage treatments, H-wave treatment. Pharmacotherapy over the course of time included soma, Lexapro, trazodone, lyrica, naproxen and prn Xanax. She has been receiving CBT treatment with the Psychologist. Per psychologist notes from 7/31/13, she has been seeing a Psychiatrist and has been taking medications sporadically for depression, anxiety since 2002. She was given diagnosis of Pain Disorder and Major Depressive Disorder, Without Psychosis, Moderate (Industrial) secondary to the work related injury. Psychiatric treatment so far has included unknown sessions of CBT with no mention of objective functional improvement and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

individual psychotherapy 1 x week x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

Decision rationale: The injured worker has received an unknown number of psychotherapy sessions focused on the CBT approach and there has been no mention of "objective functional improvement". Per guidelines stated above, the request for 12 sessions of individual psychotherapy cannot be affirmed as medically necessary based upon the documentation reviewed.

Pain Group/Med. Hypnosis 1 x week x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Online Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic)

Decision rationale: Per guidelines stated above, the request for 12 sessions of hypnosis is excessive and cannot be affirmed as medically necessary based upon the documentation reviewed.

Cognitive Behavioral Therapy 1 x week x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for depression

Decision rationale: The injured worker has received an unknown number of psychotherapy sessions focused on the CBT approach and there has been no mention of "objective functional improvement". Per guidelines stated above, the request for 12 sessions of CBT cannot be affirmed as medically necessary based upon the documentation reviewed.