

Case Number:	CM13-0058559		
Date Assigned:	06/09/2014	Date of Injury:	03/22/2011
Decision Date:	07/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 42 year-old male () with a date of injury of 3/22/11. The claimant sustained injury to his back when he bent down to retrieve lable's while packaging car parts. In his most recent primary treating physician's progress report report dated 4/28/14, the treating physician diagnosed the claimant with, status post L4-5, L5-S1 global arthrodesis with improvement in sciatica, persistent axial low back pain status post fusion despite recent normal post operative lumbar MRI and lumbar x-rays, mild bulging at T11-12 anterior kyphotic deformity probably secondary to industrial injury as well with anterior flexion injury; and depression and anxiety secondary to chronic pain. The claimant has been treated via medications, physical therapy, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his psychological evaluation dated 10/9/13, the treating physician diagnosed the claimant with depressive disorder NOS and anxiety disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Counseling 2 Times a Week for 4 Weeks (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter.

Decision rationale: The CA MTUS guidelines regarding the psychological treatment and behavioral interventions used to treat chronic pain will be used as references in this case as well as the ODG for the cognitive treatment of depression. Based on the review of the medical records, the claimant has been struggling with chronic pain since his injury in March 2011. He has also developed symptoms of depression and anxiety secondary to his chronic pain. The request under review is for initial psychotherapy services. The CA MTUS recommends that for the initial treatment of chronic pain there is an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. The ODG recommends that for the treatment of depression, there is to be an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Given both of these guidelines, the request for an initial 8 sessions exceeds the total number of initial sessions recommended to treat chronic pain and depression. As a result, the request for psychology counseling 2 times a week for 4 weeks (8 visits) is not medically necessary.