

Case Number:	CM13-0061516		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2000
Decision Date:	05/08/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Clinical 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:

According to the records provided for this independent medical review, this patient is a 38 year old female who reported 2 occupational/industrial related injuries on the dates of April 15, 1999 and October 1, 2000. According to the patient, the initial injury occurred while she was lifting a 70 pound box of catalogs and she was treated with physical therapy and anti-inflammatory medication but re-injured it in November of 2012 doing later work. There is a note of cumulative trauma injury up to November 25th of 2000. She has had two back surgeries (which were not corrective) with extensive conventional treatments using epidural steroid injections, physical therapy, massage, acupuncture, pain medications, opiate pain medications, and pool therapy. She has been diagnosed with chronic intractable lower back pain, s/p surgery with fusion, failed back syndrome, neuropathic pain, chronic pain syndrome, chronic neck pain, and myofascial pain syndrome. There is a mention in her file that she is anxious and depressed but no further details than that this were included. A request for 8 sessions of psychotherapy was made and denied, this independent medical review will consider a request to overturn that denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSION OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions: Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that an initial trial of 3-4 sessions may be used and that only if there are objective functional improvements from this initial 3-4 sessions (which need to be fully documented) can an additional set of 6 to 7 sessions be allocated for a total of a maximum of 10 sessions. The request for an initial set of 8 sessions exceeds the acceptable amount for an initial of 3-4 sessions. Furthermore, the medical file lacks substantiation for the patient's current need for starting a new course of therapy at this juncture; the request for 8 sessions of psychotherapy is not adequately supported by the files that were provided. The request for eight sessions of psychotherapy are not medically necessary and appropriate.