

Case Number:	CM13-0063466		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2007
Decision Date:	05/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Board Certified in Psychology, and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported an injury on 05/23/2007 after a trip and fall over a cord. The injured worker's treatment history included a lumbar fusion at the L4-5, a back brace, medications, activity modifications, physical therapy, injection therapy, a spinal cord stimulator implantation and cognitive behavioral therapy. The injured worker was evaluated on 10/21/2013. Physical findings included a spinal cord stimulator skin site that was clean, dry and intact with restricted range of motion of the lumbar spine in all planes secondary to pain as well as tenderness to palpation of the paraspinal musculature and bilateral L5-S1 facet joints. It was noted that the injured worker had positive lumbar facet joint provocative maneuvers, positive sacroiliac provocative maneuvers and tenderness to the right sacral sulcus. The injured worker's diagnoses included status post percutaneous spinal cord stimulator trial, right sacroiliac joint pain, right lumbar facet joint pain, lumbar facet joint arthropathy, failed back surgery syndrome, status post L4-5 interbody fusion, ADHD and depression. The injured worker's treatment recommendations included 6 visits of cognitive behavioral therapy, continued medications and continued activity modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines does recommend the use of behavioral interventions, such as cognitive therapy, in appropriately identified patients. The clinical documentation submitted for review does provide evidence that the injured worker has previously participated in cognitive therapy. However, the efficacy of that therapy was not indicated in the medical records provided for review. The MTUS Chronic Pain Guidelines recommends that additional psychotherapy must be based on subjective and objective functional gains. As no functional gains were provided as a result of prior therapy, continued therapy would not be supported. Additionally, the request as it was written does not conclude a frequency and duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested individual psychotherapy is not medically necessary or appropriate.