

Case Number:	CM13-0065521		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2009
Decision Date:	06/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient has submitted a claim for depressive disorder not otherwise specified with anxiety, degenerative disc disease with facet arthropathy and disc protusions with radiculopathy to lower extremities associated with an industrial injury date of 04/17/2009. Treatment to date has included multilevel fusion at L3-4, L4-5 and L5-S1 on 01/14/2011; two-level fusion revision surgery on 02/04/12; physical therapy, aquatic therapy, chiropractic care, acupuncture, trigger point injections, and medications such as Percocet, Norco, and Soma. Medical records from 2012 to 2013 were reviewed showing that patient complained of chronic back pain with radicular symptoms involving both lower extremities. This was aggravated by sustained inactivity, and more tolerated with movements. He experienced a giving way sensation of the lower extremities while walking that caused him to almost fall. He denied bladder or bowel incontinence. The patient had difficulty rising from a seated position, using his arm strength to arise. He manifested with a forward stooped posture. He was unable to perform heel-walk without support, which was painful. Physical examination showed tenderness, muscle rigidity and trigger points at paralumbar muscles. Range of motion of lumbar spine was 20 degrees towards flexion and 10 degrees towards extension with presence of pain. Motor testing in the right hip flexors was 4/5, hip extensors 4-/5, and ankle dorsiflexor 3-3+/5. Deep tendon reflexes were ¼ in the patella and trace in the ankles bilaterally. Sensation was decreased along the lateral thigh and posterior lateral calf bilaterally, right greater than left, using the Wartenberg pinwheel.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT) 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 23, 101.

Decision rationale: As stated in page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. In this case, the utilization review cited that an Initial Comprehensive Psychological Evaluation Report dated 11/11/2013 confirmed that patient had depression, anxiety, somatization, impaired impulse control and mistrust. Treatment plan was cognitive behavior psychotherapy to offset the symptoms of anxiety, panic, emotional withdrawal, isolation and depression. This therapy was considered essential to improve and maintain patient's emotional and cognitive functioning. The medical necessity for cognitive therapy appears to be consistent with the MTUS guidelines noted above, However, the present request of 6 sessions exceeds the recommendation of 3-4 visits of initial psychotherapy. Therefore, the request for cognitive behavior psychotherapy (CBT) 6 sessions is not medically necessary.