MAXIMUS Federal Services

Case Number:	CM13-0065763		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2010
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
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 Board Certified in Family Practice 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 patient reported an injury on 01/30/2010. The mechanism of injury was not provided for review. The patient reportedly sustained a low back injury that ultimately resulted in an L5-S1 fusion. The patient was treated post surgically with extensive aquatic therapy and multiple medications. The patient went through a detoxification process to reduce the number of medications she was on to manage her pain. The patient's most recent psychological evaluation indicated that the patient continued to struggle with emotional distress related to her chronic pain and would benefit from continued psychological and behavioral interventions. A request was made for 3 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 3 SESSIONS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Preventing and Managing Chronic Pain, chapter 6, Pain Suffering and the Restoration of Function, page 115

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

Decision rationale: California Medical Treatment Utilization Schedule recommends 6 to 10 visits of cognitive behavioral therapy for chronic pain with evidence of objective functional improvement. The clinical documentation submitted for review does indicate that the patient has had previous psychotherapy. However, objective functional improvement was not identified within the documentation. Also, the previous number of visits was not provided. Therefore, the appropriateness of an additional 3 sessions cannot be determined. As such, the requested 3 sessions of psychotherapy is not medically necessary or appropriate.