

Case Number:	CM13-0067128		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2011
Decision Date:	04/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology 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 physician 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 made available for review, this is a 52-year-old male with a 9/12/11 date of injury. There is documentation of subjective complaints of depression and anxiety secondary to pain. Objective findings include decreased lumbar spine range of motion and antalgic gait. Current diagnoses include back pain with radiculopathy, lumbar degenerative disc disease, and cervical degenerative disc disease. Treatment to date includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Cognitive Behavioral Therapy (CBT) psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of back pain with radiculopathy, lumbar degenerative disc disease, and cervical degenerative disc disease. In

addition, there is documentation of depression and anxiety secondary to pain. However, the proposed 20 CBT psychotherapy sessions exceeds guidelines (an initial trial of 4 psychotherapy visits). The request for 20 CBT psychotherapy sessions is not medically necessary and appropriate.

Psych med consultation and 3 follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Office visits

Decision rationale: The MTUS/ACOEM guidelines states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. The Official Disability Guidelines (ODG) identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnoses of back pain with radiculopathy, lumbar degenerative disc disease, and cervical degenerative disc disease. In addition, there is documentation of a request for psych meds and three med follow ups. However, given documentation that the initial pain med consultation has not taken place, there is no documentation of the medical necessity for the additional 3 follow up visits. The request for psych med consultation and 3 follow up visits is not medically necessary.