

Case Number:	CM13-0071586		
Date Assigned:	01/08/2014	Date of Injury:	08/17/1994
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 is a 46-year-old male who sustained a work-related injury on August 17, 1994 when he was lifting empty boxes, stacking them behind himself. He turned and fell to the ground due to severe low back pain. The records indicate the patient experiences ongoing low back, shoulder, arm, heel, and leg pain. He was diagnosed with left shoulder pain, neck pain, cervical degenerative disc disease, cervical radiculopathy, low back pain, lumbar degenerative disc disease, lumbar radiculitis, chronic pain syndrome, and dysthymia. He eventually had surgery, which was an anterior and posterior fusion at L4-5 in March 2000. On 8/6/13, the patient was diagnosed with adjustment disorder with anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 ADDITIONAL PSYCHOTHERAPY VISITS FOR CHRONIC LUMBAR SPINE PAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Treatment Page(s): 101.

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

Decision rationale: The patient is noted to be suffering from chronic pain and depression as a result of his work-related injury. The records contain multiple medical progress notes and only a single psychotherapy progress note in which the objective findings are listed as depression secondary to constant, severe pain and sleep interrupted by pain. On 12/10/2013 it was noted that the patient's pain is worse since his last appointment. In a psychotherapy progress report, dated 12/28/2013, it was noted the patient has utilized 9 of the 10 authorized cognitive behavioral psychotherapy sessions. Also, in this note the patient reports that he is getting out of the house more, running errands, and not just sitting at home and that he has established a relationship with a woman though he is in so much pain it is hard to hide it from her and is afraid he will lose her if he is unable to sexually perform. On 12/31/13, it is noted that the patient has erectile dysfunction that is due to his injury, pain, and depression. It is also indicated that the patient feels that his pain and range of motion are getting worse. His pain is described as worse since his last appointment. There is no clear and consistent medical evidence of objective functional improvement as a result of the provided psychotherapy sessions. The request is not medically necessary and appropriate.