

Case Number:	CM14-0002578		
Date Assigned:	01/24/2014	Date of Injury:	06/10/2010
Decision Date:	06/26/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 56-year-old male who reported an injury on 06/10/2010 due to a fall. The injured worker reportedly sustained an injury to his low back ultimately resulting in compression and fusion at the L4-5. The injured worker had severe residual pain and radicular symptoms. Revision and surgical intervention was recommended. The injured worker was evaluated on 12/12/2013. There were no physical findings submitted. It was noted that psychological counseling was recommended prior to surgical intervention to address ongoing depressive complaints. The request was made for 12 sessions of individual psychotherapy counseling, authorization of a 2 week rehabilitation unit following surgical intervention, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE WEEKLY VISITS OF PSYCHOLOGICAL COUNSELING: 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, BEHAVIORAL INTERVENTIONS, 23

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the injured worker was depressive symptoms that should be addressed prior to surgical intervention. However, the MTUS Chronic Pain Guidelines recommends 3 to 4 visits of cognitive behavioral therapy to establish efficacy of treatment. The current request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 weekly visits of psychological counseling are not medically necessary or appropriate.

TWO WEEK REHABILITATION UNIT ADMISSION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Skilled nursing facility (SNF) care

Decision rationale: The Official Disability Guidelines recommend entrance into a skilled nursing facility after hospitalization if the injured worker requires ongoing rehabilitation services and 24 hour observation. However, the clinical documentation does indicate that the injured worker should receive psychological treatment prior to surgical intervention. Therefore, the need for postsurgical care would not be indicated as the requested surgery has not been authorized. As such, the requested 2 week rehabilitation unit admission is not medically necessary or appropriate.