MAXIMUS Federal Services

Case Number:	CM14-0005709		
Date Assigned:	04/30/2014	Date of Injury:	05/11/2010
Decision Date:	07/08/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/13/2014

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 51 year old male who reported an injury on 05/11/2010. The mechanism of injury was a repetative motion injury. The clinical note dated 09/03/2013 reported the injured worker complained of continued low back pain radiating into the right lower extremity with numbness and weakness. The injured worker also complained of right groin pain radiating into the right testicle, the injured worker was status post previous inguinal surgery. The injured worker was prescribed Norco, Lexapro, Elavil, and Docuprene. The phyiscal exam noted spasms and tenderness were noted in the paravertebral musculature of the lumbar spine. The injured worker had no signs of sedation. The injured worker had diagnoses of Lumbosacral radiculopathy, cervical radiculopathy, bilateral knee tendinosis, status post right carpal tunnel surgery with residual symptoms, history of right inguinal hernia surgery in 2010, and depression and anxiety. The provider requested the injured worker be seen by a psychologist for depression. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS OF PSYCHOTHERAPY: Upheld

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

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

Decision rationale: The injured worker complained of continued low back pain radiating into the right lower extremity with numbness and weakness. The injured worker also complained of right groin pain radiating inot the right testicle. The California MTUS guidelines note the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend screening of injured workers with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines note initial therapy for these "at risk" workers should be physical medicine for exercise instruction using a congnitive motivational approach to physical medicine. They also recommend to consider separate psycotherapy congnitive behavioral therapy referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines also recommend an initial trial of 3-4 psychotheraoy visits over 2 weeks. There is a lack of clincial documentation noting the injured worker has risk factors for delayed recovery. There was a lack of documentation of a psychological assessment with testing values including the fear- aoidance beliefs questionaire which would provide a baseline assessment by which to assess improvements in the injured workers condition over the course of therapy. The guidelines also recommend the use of physical medicine for exercise intruction prior to considering a psychotherapy referral after 4 weeks; however, it was unclear if the injured worker underwent an adequate course of conservative care. Given the clinical information submitted, the request for 4 sessions of Psychotherapy is not medically necessary.