MAXIMUS Federal Services

Case Number:	CM14-0006202		
Date Assigned:	02/07/2014	Date of Injury:	10/14/2004
Decision Date:	06/20/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 42-year-old male who sustained a work-related injury on October 14, 2004 when he fell over a palette, injuring his back and left knee. He is reported to have chronic back pain resulting in back surgery with subsequent failed back surgery syndrome with chronic radiculopathy. He was diagnosed with failed lumbar back, thoracic spondylosis, muscle spasm, and radiculopathy. On December 4, 2013 the patient was noted to be significantly depressed and angry about his physical condition and was diagnosed with major depressive illness, single episode, moderate, rule out pain disorder associated with both psychological factors and general medical condition, opiate dependence, and was given a GAF of 53.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INDIVIDUAL PSYCHOTHERAPY VISITS ONCE EVERY ONE TO TWO WEEKS OVER 3 MOTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, AND THE APA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

Decision rationale: The medical records indicate the patient has had extensive medical and psychological treatment for his pain and psychiatric symptoms. The patient attended a multidisciplinary pain management program from at least 1/7/2013 through 2/9/2014. This program provided treatment that utilizes a combination of medication management, biofeedback, physical therapy, chiropractic, acupuncture, psychological intervention, and appropriate interventional techniques. The long-term goal of these types of programs is independent self-management. Considering the extensive treatment the patient has already received, it is not clear how the patient will benefit from additional psychotherapy sessions. The request is not medically necessary and appropriate.