

Case Number:	CM14-0009603		
Date Assigned:	04/21/2014	Date of Injury:	09/15/2007
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 Psychiatry, 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:

The patient is an employee of a bank and has submitted a claim for low back pain with an industrial injury date of September 15, 2007. Treatment to date has included medications, aqua therapy, lumbar epidural steroid injection, functional restoration program, psychiatric consultations, and lumbar fusion surgery. Utilization review from January 6, 2014 modified the request for psychotherapy 1xwk x12 wks to psychotherapy 1xwk x 6wks because the request exceeded guideline recommendations. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of low back pain, 7-8/10. She also presented with symptoms of depression, low energy, and sleep disturbances. On physical examination, the patient was alert and oriented, cooperative, and had good eye contact. She was well groomed and dressed. She had fluent speech, no flight of ideas, euthymic but easily tearful. She was linear and logical with no suicidal or homicidal ideations. There were no psychosis or mania symptoms. Insight and judgment were fair. Gait was slow. She had tenderness to palpation of the lower lumbar spinous processes and spasms were present in the lower lumbar paraspinal muscles. Straight leg raise on the right was positive. There was decreased sensation to dorsal and plantar flexion on the right. There was limited range of motion of the lumbar spine as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1 X WEEK X 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 19-23.

Decision rationale: According to pages 19-23 of the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorders. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the employee previously had psychiatric consults but it is not clear whether the employee already underwent psychotherapy and whether these have provided functional improvement. In addition, the requested number and duration of visits exceeds the guideline recommendations. Therefore, the request for Psychotherapy 1 x Week x 12 Weeks is not medically necessary.