

Case Number:	CM14-0105113		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2011
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 Child & Adolescent 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 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 54 year old female who was injured at work on November 15, 2011. The mechanism of injury is not specified. The injured worker developed chronic low back pain, and underwent a lumbar laminectomy and fusion. However, the fusion was unsuccessful. She continued to report low back and bilateral leg pain, with leg weakness on adduction. A second fusion surgery was then performed. Since then, the injured worker has continued to experience chronic pain. According to the May 29, 2014 progress report, the injured worker is also diagnosed with depression, and has received an unspecified number of psychotherapy sessions. She is prescribed the psychotropic medications Cymbalta, Neurontin, Valium and Lunesta. The injured worker is restricted to lifting no more than 10 lbs. of weight, and not to stand for longer than 30 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling for depression and pain (unspecified quantity/frequency/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: MTUS guidelines indicate that the provision of psychotherapy can be beneficial to individuals suffering from chronic pain. It is helpful in improving coping skills, which can improve pain symptoms, and pain tolerance, sometimes enabling earlier return to work. Cognitive behavioral therapy (CBT) and self-regulatory treatments have been shown to be especially useful. According to the 5/29/14 progress report the injured worker has also been diagnosed with depression, and has been undergoing psychotherapy. The ODG guideline for CBT recommends up to 20 sessions of therapy for individuals with depression if there has been objective functional improvement with prior sessions. There is insufficient clinical documentation to indicate evidence of functional improvement, in response to the previous psychotherapy, so that it is not clear if additional sessions are appropriate at this time. In addition, the request does not specify the number or duration of therapy sessions, so that in the absence of this important information, the request is not medically necessary for these reasons.