

Case Number:	CM14-0105723		
Date Assigned:	08/01/2014	Date of Injury:	08/28/1998
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
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 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 54-year-old female who reported injury on 08/28/1998. Mechanism of injury was not submitted in report. The injured worker has diagnoses of lumbar degeneration, chronic pain, failed back surgery, lumbar radiculopathy, status post fusion of the lumbar spine. Past medical treatment consists of lumbar facet blocks, acupuncture, surgery, physical therapy and medication therapy. Medications include Flexeril, gabapentin, hydrocodone/APAP, pantoprazole. The injured worker underwent an EMG/NCS on 11/04/2013 in the lower extremities. An MRI of the lumbar spine without contrast was obtained on 11/01/2013. The injured worker underwent lumbar spine fusion. On 06/02/2014 the injured worker complained of neck pain and low back pain. Physical examination revealed that the injured worker rated her pain at a 9/10 with medications and a 10/10 without medications. Inspection of the lumbar spine revealed a well healed surgical scar. There was spasm noted in the bilateral paraspinal musculature at L2-S1. Tenderness was noted upon palpation bilaterally in the paravertebral area at L2-S1 levels. Range of motion of the lumbar spine showed decreased flexion limited to 40 degrees due to pain, extension limited 5 degrees due to pain, bending left 30 degrees and bending right 30 degrees. Pain was significantly increased with bending, flexion and extension. Sensory exam showed decreased sensitivity to touch along the L2-S1 dermatome in both lower extremities. Motor strength exam showed decreased strength of the extensor muscles and flexor muscles along the L2-S1 dermatome in the bilateral lower extremities. Straight leg raise with the injured worker in seated position was positive bilaterally at 70 degrees. The treatment plan is for the injured worker to undergo 8 cognitive psychotherapy sessions. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Cognitive Psychotherapy Sessions 1 x 8 weeks: Upheld

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

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

Decision rationale: The request for 8 Cognitive Psychotherapy Sessions 1 x 8 weeks is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting provider did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The request for the injured worker is for psychotherapy sessions of 1 a week for 8 weeks, which exceeds the recommendations of the guidelines. Given that the injured worker is not within the MTUS Guideline recommendations, the request for 8 Cognitive Psychotherapy Sessions 1 x 8 weeks is not medically necessary.