

Case Number:	CM14-0019314		
Date Assigned:	04/25/2014	Date of Injury:	06/08/1998
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 claimant is a 39 year-old male with a date of injury of 6/8/98. The claimant sustained injury to his back as the result of repetitive lifting of luggage and the changing of displays weighing approximately 40 pounds while working as an assistant manager for [REDACTED]. In his 1/17/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Left S1 radiculopathy with left lower extremity weakness; (2) Right L5-S1 radiculopathy with right lower extremity weakness; (3) Mild focal disc protrusion at L5-S1 displacing the right S1 nerve root; (4) Left L4 and left L5 radiculopathy with left lower extremity weakness; (5) Broad-based disc bulge at L4-L5 with postoperative changes from the left laminotomy; (6) Moderate left L4-L5 neural foraminal stenosis and lateral recess stenosis; (7) Mild focal disc protrusion at L3-L4 compressing the thecal sac at the left L4 nerve root; (8) Severe L3-L4 central stenosis; (9) Lumbar post-laminectomy syndrome; (10) Lumbar facet joint arthropathy bilaterally from L3 through S1; (11) Lumbar sprain/strain; (12) Mild degenerative disc disease at L3-L4 and L4-L5; (13) Mild focal protrusion at L5-S1 displacing the right S1 nerve root; (14) Anxiety secondary to chronic industrially-related low back pain; (15) Depression secondary to chronic industrially-related low back pain; (16) Disturbed sleep secondary to chronic industrially-related low back pain; (17) Nonindustrial diabetes mellitus. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a "Psychological Evaluation and Treatment Recommendation" dated 12/10/13, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, MOS, moderate to severe; (2) Anxiety disorder, NOS, moderate; (3) Alcohol dependence, sustained full remission; and (4) Chronic pain disorder associated with psychological factors and an orthopedic condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY FOR 1 X 6 WEEK FOR LUMBAR SPINE/DEPRESSION:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 105-107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Treatment.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant is struggling with symptoms of depression in addition to anxiety and chronic pain. Although the treating physician in December 2013 "Psychological Evaluation and Treatment Recommendation" was to determine whether the claimant could be psychologically cleared for a spinal cord stimulator, the treating physician clearly offered some additional recommendations including individual psychothrapy to treat the claimant's depression. She stated, "My recommendation for the individual psychotherapy, to address depression and pain management, is not a condition for spinal cord stimulator trial, but it is my strong recommendation that the individual psychotherapy be included in part of the patient's treatment for pain management." The ODG recommends that for the treatmnt of depression, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given that this request is for an initial trial of psychotherapy to treat the claimant's depression, the request for "Psychotherapy for 1 X 6 Week for Lumbar Spine/Depression" meets guideline recommendations and is medically necessary.