

Case Number:	CM14-0111965		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2009
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Psychologist and is licensed to practice in Utah. 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 55-year-old female who has submitted a claim for failed back surgery syndrome associated with an industrial injury date of March 17, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of hip and knee pain described as sharp and aching. Examination of the lumbar spine revealed no evidence of scoliosis or kyphosis, lumbar scar on inspection, absence of spasm in the lumbar paravertebral regions at L3-L5 and L5-S1 levels and right hip. There was absence of tenderness in the right sacroiliac joint and bilateral buttocks. The extension and bilateral lateral rotation of the lumbar spine was positive for back pain. The ROM of the lumbar spine was restricted. There was a positive straight leg raising testing on the left and right side at 60 degrees. Faber test was positive with right hip pain. Sensation was diminished in the L4 and L5 distribution on the right. Motor strength and reflexes were normal. No mental status exam is found on the progress notes. Treatment to date has included medications, laminectomy (undated) and lumbar epidural steroid injection (undated). Utilization review from June 26, 2014 denied the request for Ten (10) Psychotherapy sessions because the guidelines only support 4 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT)

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

Decision rationale: CA MTUS ACOEM Independent Medical Examinations and Consultations states that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. With regards to psychotherapy, CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the records do not indicate that the patient had initial psychotherapy visits. The requested number of visits of 10 exceeds the guideline recommendations of 3-4. Further visits may be requested only after improvement has been shown from the initial visits. Moreover, no mental status exam is found on the progress notes. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ten (10) Psychotherapy sessions is not medically necessary.