MAXIMUS Federal Services

Case Number:	CM14-0120779		
Date Assigned:	08/06/2014	Date of Injury:	11/26/2011
Decision Date:	09/12/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old male who reported an injury on 11/26/2011 after moving pizza boxes. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physhter, epidural steroid injections, and medications, and ultimately underwent a lumbar disc discectomy in 04/2013. This was followed by post surgical physical therapy and medications. However, the injured worker re-developed low back pain. The injured worker was evaluated on 07/04/2014. It was documented that the injured worker had 8/10 pain. Physical findings included a lack of distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideations. It was noted that the injured worker had a painful antalgic gait. The injured worker's medications included nambumetone, Lidoderm, Lyrica, Nucynta, Kadian, Icy Hot, and fentanyl. The injured worker's diagnoses included lumbar disc displacement without myelopathy and lumbar spinal stenosis. The injured worker's treatment plan included continued medications, the purchase of a TENS unit, and 6 visits of cognitive behavioral therapy. A request for authorization form for 6 followup visits with a psychologist was submitted on 07/14/2014. A Utilization Review Treatment Appeal dated 07/30/2014 indicated that the injured worker had previously undergone cognitive behavioral therapy during a functional restoration program with significant benefit. It was noted that the injured worker had had an increase in symptoms to include depression and anxiety. Therefore, the follow-up visits with a psychologist were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 FOLLOW UP VISITS WITH PSYCHOLOGIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend cognitive behavioral therapy for injured workers at risk for delayed recovery due to psychological symptoms associated with chronic pain. The clinical documentation submitted for review does indicate that the injured worker underwent cognitive behavioral therapy during a functional restoration program. However, it is noted that the injured worker has recently had an increase in symptoms following fusion surgery. Therefore, additional cognitive behavioral therapy would be indicated in this clinical situation. However, a trial of cognitive behavioral therapy would be supported. The California Medical Treatment Utilization Schedule recommends a trial of 3 to 4 visits to establish efficacy of treatment. The request as it is submitted exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. The injured worker has already undergone cognitive behavioral therapy and is not at risk for suicidal ideations according to the evaluation on 07/07/2014. As such, the requested 6 followup visits with a psychologist is not medically necessary or appropriate.