

Case Number:	CM14-0156955		
Date Assigned:	09/29/2014	Date of Injury:	06/23/2010
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty Interventional Spine 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 patient is a 55 years old male with an injury date on 06/23/2010. Based on the 07/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar radiculopathy 2. Lumbar facet syndrome 3. Low back pain According to this report, the patient complains of unchanged lower backache. Pain is rated as a 2/10 with medications and as a 7/10 without medications. Quality of sleep is normal. Medications are working well. Physical exam reveals decreased lumbar range of motion. Tenderness noted over the bilateral paravertebral muscles and sacroiliac spine. Deep tendon reflex of the patella and Achilles are 0/4, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/2014 to 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Out of network psychologist X6 sessions, Related to Symptoms of lumbar facet syndrome, lumbar radiculopathy, low back pain and mood disorder as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; www.odg-twc.com; Section: Stress/Mental

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

Decision rationale: According to the 07/11/2014 report by [REDACTED] patient presents with unchanged lower backache. The treater is requesting 6sessions out of network psychologist, related to symptoms of lumbar facet syndrome, lumbar radiculopathy, low back pain and mood disorder as an outpatient. The utilization review denial letter state A's. It is not possible to review this request in the absence of clinical psychological date. Regarding psychological treatments, MTUS allows initial trial of 3-4 sessions and up to 8 sessions for management of chronic pain. In this case, the treater does not discuss what psychological issues need to be addressed. There is no documentation of depression, or anxiety or other condition. The request for 6 sessions also exceeds the initial trial of 3-4 sessions recommended per MTUS. Such as, 6 Out of network psychologist X6 sessions, Related to Symptoms of lumbar facet syndrome, lumbar radiculopathy, low back pain and mood disorder as an outpatient is not medically necessary.