

Case Number:	CM14-0183553		
Date Assigned:	11/10/2014	Date of Injury:	01/07/2000
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 & 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 46-year-old female who reported an injury on 01/07/2000 due to bending over to open a file cabinet door and she felt a pop in her lower back. Her diagnoses were noted to include major depression single episode moderate to severe, pain disorder associated with both psychological factors and general medical condition. Her past treatments were noted to include medications and an unknown number of psychotherapy. Diagnostic studies were noted to include an MRI of the lumbar spine, MRI of the cervical spine, and x-rays of the cervical and lumbar spine. Her surgical history was noted to include microdiscectomy of the lumbar spine, lumbar fusion, and lumbar surgeries x4. A psychiatric note dated 04/05/2014, noted the injured worker had a bad month of tolerating pain and intense anxiety. The Psychiatrist's plan was noted to include stabilizing the injured worker's moods and focusing on containing anxiety. A psychiatric note dated 08/21/2014, stated a psychiatrist spoke to the injured worker via Skype due to severe depression and the injured worker not wanting to leave her house. The documentation noted the injured worker continued to complain of pain, which was noted to increase her anxiety and depression due to the poorly controlled pain with the combination medications provided. The psychiatrist recommended the injured worker continue pain management therapy to help tolerate and maximize her functioning. The documentation also noted that the injured worker's Cymbalta and clonazepam were at maximum strength. An office visit note dated 09/08/2014, noted the injured worker complained of increasing pain and discomfort. Physical exam findings were noted to include pain to her cervical spine with decreased range of motion and a positive Spurling's. The patient had pain to her spine with flexion and extension, plus radiculopathy and paraspinal muscle spasms. The patient's medications were noted to include tizanidine and Topiramate, Cymbalta, and clonazepam. The treatment plan was noted to include continuation of medications and therapy, and followup in 4

to 6 weeks. The documentation noted the additional request for psychotherapy sessions was to assist the injured worker and her decline with depression consequent to her industrial injury, pain, and delays. A request for authorization dated 04/25/2014 was included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

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

Decision rationale: The request for additional psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after 4 weeks with a lack of progression from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks would be recommended. For complicated depression or PTSD, up to 50 sessions will be necessary. The documentation submitted for review noted the injured worker's diagnoses included major depression. Per the provided documentation the injured worker received an unspecified number of psychological therapy sessions from 06/12/2013. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate improvement with the treatment thus far. There is a lack of documentation detailing a recent psychological assessment which demonstrated the injured worker had remaining psychological pathology. Additionally, the request did not include the quantity and duration of the psychotherapy sessions requested. As such, the request is not medically necessary.