

Case Number:	CM14-0023885		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2011
Decision Date:	08/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 Licensed in Clinical 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:

This report will primarily focus on the patients psychological status. According to the records that were provided for this independent review, this injured worker is a 44 year old male who reported an industrial injury on April 3, 2011. He has chronic low back pain with multilevel degenerative disc disease and congenital spinal stenosis. He reports having difficulty getting out of bed due to back and leg pain. He reports being absolutely miserable and fines even standing up bothers him quite a bit. Medications that alleviate his back pain cause nausea and loss of appetite. Physical therapy has been requested to not authorize or started. His primary treating physician reports the patient has anxiety and sleep disturbance and attempted to treat the sleep issues and mood with Trazadone, but it was not beneficial for either. He requested the patient receive 4 to 6 psychotherapy sessions with [REDACTED]. The patient was evaluated by [REDACTED] on 4/16/13 and she recommended 6 sessions of cognitive behavioral therapy for chronic pain and stress, his PTP noted in October of 2013 that the patient is also struggling with depression as well as anxiety. A request was made for 4 to 6 sessions of psychotherapy, the request was non-certified. The utilization review rationale for non-certification was stated as due to insufficient information: no mention of how the claimant's psychological symptoms affects his functioning, a missing psychological report, medical necessity not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 4-6 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, psychotherapy guidelines, June 2014 update.

Decision rationale: I conducted a careful and comprehensive review of all the medical records as they were provided to me. The utilization review rationale for non-certification was given as being due to insufficient information. I disagree with this conclusion, there are enough notations in the medical records with respect to the patient having anxiety, depression, sleep disturbance, all of which implied delayed recovery as well as psychological sequelae. It is true that, as the utilization review stated, the psychological report was missing from the file included for this review which would have been helpful. According to the MTUS treatment guidelines psychotherapy, and psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. Such treatment includes setting goals, determining appropriateness of treatment, conceptualism the patient's pain beliefs and coping styles, assessing psychological and cognitive function and addressing co-morbid mood disorders like depression and anxiety. According to the ODG psychotherapy guidelines, listed under cognitive behavioral therapy, up to 13-20 visits over 7-20 weeks of individual sessions can be offered, if progress is being made. This initial block of treatment sessions, 4 to 6, should be considered as an initial treatment trial, after which additional sessions maybe requested if medically necessary contingent solely on the patients response to this initial block of treatment with documented improvements and progress. The request for 4-6 sessions is non-specific. However, in this case, the range 4-6 still falls in the acceptable guidelines and can be approved. The request is medically necessary.