

Case Number:	CM14-0025925		
Date Assigned:	06/04/2014	Date of Injury:	04/16/2010
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/01/2014

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 Psychiatry 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 is a 31-year-old female patient with a 4/6/10 date of injury. A 1/15/14 progress report indicates persistent low back pain radiating to the bilateral hips, anxiety, insomnia, frustration, and depression secondary to chronic pain. The physical exam demonstrates positive bilateral facet loading test, bilaterally tender SI joints, as well as restricted and painful lumbar range of motion. Treatment to date has included psychotherapy x 6, physical therapy, pool therapy, lumbar epidural steroid injection, SI joint injection, acupuncture, medication, and activity modification. There is documentation of a previous 2/12/10 adverse determination because the patient has made minimal progress with the first few sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Cognitive Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, MTUS Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits are recommended. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous psychotherapy. The proposed number of visits, in addition to the number of visits already completed, would exceed guideline recommendations. As such, the request is not medically necessary.