

Case Number:	CM14-0034018		
Date Assigned:	06/20/2014	Date of Injury:	07/22/2003
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/18/2014

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 Psychologist and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 07/22/2003. The mechanism of injury was not provided in the medical records. His diagnoses include low back pain, radiculopathy, and lumbar facet arthropathy. His prior treatments included epidural steroid injections, medications, psychotherapy, and sacroiliac joint injections. On 02/13/2014, the patient presented for followup regarding his chronic multifactorial low back pain. His symptoms were specified as low back pain with radiation down the right lower extremity. It was noted that he had exhausted his visits for psychiatric support to help manage his chronic pain which he reported to have been beneficial in improving his depression and pain symptoms. Therefore, a recommendation was made to continue psychiatric treatment as he had made good progress with improved physical and psychological performance which was noted to be evidenced by weight loss, less depression, improved demeanor, and improved relations with his family. The Request for Authorization was submitted on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological treatment. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23 Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, cognitive behavioral therapy or initial psychotherapy may be supported for a total of 6 to 10 visits over 5 to 6 weeks with evidence of objective improvement. The injured worker was noted to have previously completed an unknown number of psychotherapy sessions and was noted to have shown improvement; however, objective documentation confirming improvement function was not provided to verify this statement. In addition, in the absence of documentation specifying the number of visits completed, it is unclear whether additional psychotherapy is within the guidelines recommendation. Moreover, as the request failed to specify the number of visits being requested, the request is also not supported. For the reasons noted above, the request is not medically necessary.