

Case Number:	CM14-0034198		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2011
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Minnesota. 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 was a 42 year old male who reported an injury on 10/01/2011, due to continuous trauma related to a motor vehicle accident. On 10/25/2013, the injured worker was seen for current psychiatric symptoms with anxiety disorder resulting from his chronic pain and losses in usual occupational and functional capacity secondary to the injury, fatigue, fearfulness, sleep disturbance, irritability, feeling guilty, excessive worrying and inability to relax, chronic left side low back pain, showed bilateral foramina stenosis at L5-S1 greater on the left side, posterior bulging disk at L5-S1 with possible impingement to the S1 nerve roots, and partial compromise of the spine. There was no evidence of clinical depression on the Beck's Depression Inventory-II. On 01/16/2014 the injured worker pain is 9/10 without medications and with medications 6/10. The treatment plan included Psychotherapy 16 visits, 45-60 minutes sessions per reported date 02/05/2014 #16.00. The request for authorization was submitted on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 16 visits, 45-60 minute sessions per report date 02/05/2014, QTY: 16.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official

Disability Guidelines: Intregrated Treatment/ Disability Duration Guidelines: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment page 23 Page(s): 23.

Decision rationale: The request for psychotherapy is not medically necessary. On office visit of 01/10/2014, the injured worker continued to complain of pain with no documentation of a pain scale. At that time, the injured worker had completed four (4) psychotherapy visits. The California Medical Treatment Utilization Schedule, recommend psychotherapy up to 10 visits when there is evidence of objective functional improvement during the initial trial of 3-4 sessions. There was no documentation that the four (4) sessions of psychotherapy was effective on helping the injured worker with pain management. Therefore, the request for psychotherapy 16 visits, 45-60 minute sessions QTY: 16.00 is not medically necessary.