

Case Number:	CM14-0037000		
Date Assigned:	06/25/2014	Date of Injury:	06/10/2004
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 44-year-old male who reported an injury on 06/10/2004. The mechanism of injury was not provided. On 02/27/2014, the injured worker presented with low back pain. Upon physical examination, the sacroiliac joints were slightly tender. There was increased pain with flexion and extension of the lumbar spine and a positive straight leg raise bilaterally. Prior therapy included a psychotherapy evaluation and medications. The diagnoses were low back pain, lumbar disc pain, lumbar facet pain, myofascial pain, chronic pain syndrome, sacroiliac joint pain, and possible lumbar radiculitis. The provider recommended individual psychotherapy, and stated that he would benefit from psychology visits in which he can learn the tools to help him cope. The request for authorization was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy times twelve (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for individual psychotherapy times 12 are not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress with physical medicine alone. An initial of 3 to 4 psychotherapy visits over 2 weeks will be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks will be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline from which to assess improvements during therapy. The request for individual psychotherapy times 12 exceeds the guideline recommendations. As such, the request are not medically necessary.