

Case Number:	CM14-0038961		
Date Assigned:	06/27/2014	Date of Injury:	05/11/2011
Decision Date:	08/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 33-year-old male who reported an injury on 05/11/2011. The mechanism of injury involved a fall. Current diagnoses include sprain/strain of the lumbar region and pain in the joint of the lower leg. The injured worker was evaluated on 02/18/2014 with complaints of chronic low back and knee pain. Previous conservative treatment includes massage therapy and medication management. The injured worker reported depressive symptoms and anxiety. Physical examination revealed an appropriate mood and affect, no evidence of sedation, an antalgic gait, tenderness to palpation at the lumbosacral junction, muscle tension, limited lumbar range of motion, intact sensation, and normal motor strength. Treatment recommendations included 12 follow-up visits with a psychologist and 6 sessions of massage therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve follow up visits with psychologist (Psych visits x 12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. While it is noted that the injured worker reports anxiety and depressive symptoms, the current request for 12 follow-up visits cannot be determined as medically appropriate. The injured worker's psychological status would require re-assessment at each office visit to determine further care. The injured worker also demonstrated an appropriate mood and affect upon physical examination. Based on the clinical information received, the request is not medically necessary.