

Case Number:	CM14-0043573		
Date Assigned:	07/02/2014	Date of Injury:	01/25/2000
Decision Date:	08/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Psychology 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 claimant is a 50 year-old male ([REDACTED]) with a date of injury of 1/25/00. The claimant sustained injury to his back and leg when he was pushing a wheelbarrow full of concrete and it began to fall. In an effort to prevent the fall, the claimant forcefully pulled it up. The claimant sustained this injury while working for [REDACTED]. In his 5/28/14 Follow-up Pain Management Evaluation Report, [REDACTED] diagnosed the claimant with: (1) Status post lumbar laminectomy with post laminectomy syndrome; (2) Persistent lumbago; (3) Left lumbar radiculopathy; and (4) Chronic pain syndrome with chronic opioid tolerance. Additionally, in the Initial Orthopedic Spine Consultation and Report dated 3/6/14, [REDACTED] diagnosed the claimant with: (1) Chronic intractable axial lower back pain, radiating left leg pain, industrially aggravated secondary to injury dated 1/25/00; (2) Previous lumbar surgery by [REDACTED] in 2002 with laminectomy at L1-2, L2-3, L3-4 and L4-5 with transitional L5 segment, per repot; (3) Rule out lumbar instability; (4) Clinical kyphosis with severe lower back pain and left leg pain with weakness in left leg; (5) Rule out lumbar stenosis; and (6) No signs or symptoms of spinal cord compression and cauda equina syndrome. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. In her PR-2 report dated 4/22/14, treating psychiatrist, [REDACTED], diagnosed the claimant with Major depressive disorder and Pain disorder. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

out patient psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines , Cognitive behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression and Other Medical Treatment Guideline or Medical Evidence: . APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010), Maintenance phase (page 19).

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has been receiving medication management from [REDACTED] and psychological services from [REDACTED]. Despite a recent PR-2 / Urgent Communication report from [REDACTED] dated 4/23/14, there are no other records from the treating psychologist. As a result, there is no information about the number of completed sessions to date, the progress/improvements made from those sessions, the treatment plan goals, interventions being utilized, etc. In the urgent PR-r report, [REDACTED] indicated that the claimant returned to see him after a several month hiatus. It is unclear whether that hiatus was due to not being authorized for treatment or for other reasons. Also in that report, [REDACTED] indicates that the claimant is a potential risk to hurt himself or others and is requesting continued services. This request is connected to an authorization request from June 2014. In this case, the minimal psychological information in the medical records is not sufficient to support the request under review. In addition, the request for outpatient psychotherapy remains too vague as it does not indicate how many sessions are being requested and over what duration of time the sessions are to occur. As a result, the request for outpatient psychotherapy is not medically necessary.