

Case Number:	CM14-0047663		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2009
Decision Date:	07/31/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 Psychology 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 49-year-old female who reported an injury on 04/06/2009. The injured worker complained of ongoing severe pain in her lower back and bilateral lower extremities. The injured worker also complained of having an increase in numbness in the left lower extremities. However, the pain is more severe in the right lower extremities. The injured worker indicates that she cannot sit, stand, or walk for thirty minutes at a time. On the physical examination dated 04/26/2014, there was a tenderness to palpation in the thoracic paraspinal musculature bilaterally. Diffuse tenderness to palpation in the lumbar paraspinal musculature bilaterally. Tenderness to palpation over surgical site on lumbar spine. Lumbar spine motion is decreased in all planes. Posterior lumbar surgical site is well healed. Decreased sensation at L4, L5, and S1 dermatomes on the left. Lumbar range of motion flexion was at 60 degrees, extension was at 25 degrees, right lateral bend was at 25 degrees, and left lateral bend was at 25 degrees. The injured worker's diagnoses were status post microlumbar decompression right L5-S1, was dated on 05/30/2013; moderate to severe disc space narrowing, L5-S1; lumbar radiculopathy with symptoms much greater on the right; abnormal discogram; and L4-5 retrolisthesis. The injured worker's treatment plan is for ongoing care with a psychologist. The injured worker's physical therapy include diagnostic computed tomography (CT) scan dated 09/28/2011. Its conclusion was a status post discogram. CT demonstrates a normal appearing discogram at L4-5. However, an abnormal discogram was at L5-S1 with central protrusion, extrusion, and angular fissuring contact and bilateral S1 nerve root without neural foraminal narrowing. The Request for Authorization form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing care with a psychologist (depression): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. According to documentation provided with review, on date 05/01/2014, the injured worker was a no show for clinical psychologist visit. There was no mention in the documentation of the progress or non-progress of the injured worker that is already receiving psychological visits. In addition, there is no supporting documentation or rationale to support the request for ongoing care with a psychologist. As such, the request is non-certified.