

Case Number:	CM14-0065245		
Date Assigned:	07/11/2014	Date of Injury:	10/11/2012
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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 a licensed Psychologist 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:

According to the records that were provided for this independent medical review, this patient is a 47 year-old male who reported an industrial/occupational work-related injury on October 11, 2012. The injury occurred during his work as a dishwasher supervisor when a fellow employee who was walking quickly causing him to fall into a metal cabinet and hit his right knee on a metal table hit from behind him accidentally. He is status post right knee surgery from August 2013. He reports ongoing chronic and debilitating low back pain. Reports some improvement with the knee pain after the surgery although it is incomplete, but is having ongoing pain and tightness in the lumbar back, he appears to be awaiting a possible surgery for his back. He has attempted to engage in home exercise programs but finds that he cannot due to the pain that he experiences as a result. Psychologically, there are notations of depression, and anxiety. He has had 24 sessions of chiropractic treatment and unknown number of physical therapy sessions. A request was made for six sessions of pain psychology to be held one time a week, the request is not approved; however, a modification allowing for four sessions was certified. The utilization review rationale for their decision was based on procedures recommended in the MTUS treatment guideline. This independent review will address a request overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Session, Once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-24. Decision based on Non-MTUS Citation (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: I completed a comprehensive and careful review of all the medical records as they were provided to me. There is virtually no information regarding this patient's psychological. I found only a vague reference to depression and anxiety without specific details whatsoever. That said, this appears to be an initial request for treatment that on the surface does appear to be medically necessary, however the quantity of sessions is not appropriate. According to the MTUS guidelines request for psychotherapy said follow a specific procedure: first and initial treatment trial of 3 to 4 sessions should be offered and subsequent to the treatment trial if there is documentation of objective functional improvement (i.e. quantitative and measurable) then additional treatment may be offered up to a maximum of 13-20 sessions, and in some cases of severe depression/PTSD additional sessions up to a 50 maximum may be warranted if progress is being made in the treatment. According to the official disability guidelines, the initial treatment trial to see if the patient is benefiting can be six sessions. In the case it might be appropriate to offer six sessions however, as I mentioned earlier there was no supporting documentation regarding his symptomology or even a psychological diagnosis that was provided, even if tentative or provisional. It is essential that a requesting provider provide documentation for the rationale for the treatment, and I was not able to find it. The utilization review did not deny treatment to this patient but they appropriately modified the request. Additional sessions after the initial treatment is completed may be appropriate but must be backed by both evidence of functional improvement and better documentation of the patient's psychological struggles to justify the treatment. Psychological symptomology in and of itself is insufficient there must be documentation that the patient is benefiting from treatment this request for six sessions. Therefore, the finding of this independent medical review is that the original decision is appropriate request to overturn it denied. This is based solely on insufficient information and need to follow procedural guidelines and is not a reflection of the patient's actual medical need for psychological treatment, which may or may not be present therefore, this request, is not medically necessary.