

Case Number:	CM14-0066443		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2010
Decision Date:	08/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

Based on the records provided for this independent medical review, this patient is approximately 53 years old (date of birth was not provided) male who reported an industrial/occupational work-related injury on June 23, 2010 and 10/14/11. He reports low back pain with the feeling of numbness and tingling down his legs. He has been diagnosed with lumbar spondylosis, lumbar degenerative disc disease, lumbar radiculopathy, sciatica. He has been prescribed Zoloft for depression, Sertraline and Lorazepam for anxiety. He reports having panic attacks, finding it hard to read, and feeling dizzy and weak. A psychiatric diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Individual Psychotherapy Related to Symptoms of Lumbar Spine Injury:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, cognitive Behavioral Therapy, page 23-24 Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines Mental/Stress Chapter, Psychotherapy guidelines, cognitive behavioral therapy (June 2014 update).

Decision rationale: A report provided sufficient information to document medical necessity for this patient has psychological intervention and treatment. According to the MTUS and ODG treatment guidelines patient should have an initial set of six sessions (3 to 4 in the MTUS) is an initial trial of treatment to determine if a patient is responsive in terms of objective functional improvement. The outcome of those initial sessions must be documented if further treatment is to be offered. In addition is essential that this patient have a proper psychological/psychiatric diagnosis stated in the medical chart. The request for 6 Sessions of Individual Psychotherapy Related to Symptoms of Lumbar Spine Injury is medically necessary.