MAXIMUS Federal Services

Case Number:	CM14-0070583		
Date Assigned:	07/14/2014	Date of Injury:	07/09/2010
Decision Date:	10/02/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 40 year old male who reported an injury on 07/09/2010. The mechanism of injury was reported as a fall. His diagnoses included lumbar spine post Laminectomy Syndrome, lumbosacral radiculopathy, depression, chronic insomnia, anxiety, panic disorder syndrome, chronic lower back pain, and chronic pain syndrome. His treatments included an epidural steroid injection, physical therapy, and counseling. He is status post an anterior lumbar interbody fusion on 03/29/2011, and had 2 left shoulder surgeries. A CT scan revealed no residual foraminal stenosis at L4-5 or L5-S1. The note from 12/20/2013 showed the injured worker had scored a 38 on the Back Anxiety Inventory (BAI) screen, and he scored 46 on the Beck Depression Inventory (BDI) screen. On 04/03/2014 the injured worker reported at most his low back pain was at 3/10 in severity. It was also noted that he was very emotional as he conversed with the physician about his history, condition, and treatment plan. It was noted that the injured worker had just completed a detoxification program and was seeking more aggressive, frequent treatment for his severe depression. He was attending counseling twice monthly. His medications included Suboxone 8mg sublingual, Suboxone 4mg/1mg 1 film sublingual every third day, Gabapentin 800mg 1 tablet 3 times per day, and Ambien 12.5mg. The treatment plan was for Psychotherapy 3 times per week for 6 weeks. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 3 x week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Mental Illness & Stress, Cognitive Behavioral Therapy for depression

Decision rationale: Based on the clinical information submitted for review, the request for Psychotherapy 3 times per week for 6 weeks is not medically necessary. As stated in the California MTUS 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 to include depression, anxiety, panic disorder, and posttraumatic stress disorder. The injured worker had recently finished a detoxification program and was completely taken off his pain medications. He suffered from severe depression and was attending counseling twice monthly. As per the Official Disability Guidelines, 13-20 visits over 7-20 weeks are indicated if progress is being made. Although the injured worker is seeking an increase in therapy, there is insufficient clinical documentation that showed an assessment of his psychological and cognitive function as suggested by the guidelines. It was mentioned that his medications along with counseling allowed him to control his panic disorder; however, there was not enough documentation to show the progress he has made with the prior visits he was granted. Furthermore, there is a lack of documentation that detailed what the injured worker's goals were as it is indicated in the guidelines when seeking psychological intervention for chronic pain. As such, the request for Psychotherapy 3 times per week for 6 weeks is not medically necessary.