

Case Number:	CM14-0089193		
Date Assigned:	07/23/2014	Date of Injury:	09/05/1996
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 70 year-old male who was reportedly injured on September 5, 1996. The mechanism of injury is not identified in these records reviewed. The most recent progress note preceding the request is dated May 9, 2014, is handwritten and partially illegible and indicates that there are ongoing complaints of low back pain. The physical examination is not legible. Diagnostic imaging includes a magnetic resonance image of the lumbar spine in February 2014 revealing a grade 1 anterolisthesis, central canal narrowing, multilevel facet arthropathy, and disc protrusions with abutment of exiting nerve roots. Additional diagnostic studies referenced in the medical record include a psych evaluation from April 2014 revealing poor short and long-term memory. In this evaluation, the patient scored in the moderate range of the Beck Anxiety Inventory and Beck Depression Inventory. A diagnosis of unspecified depressive disorder with anxiety and somatic symptom disorder with predominant persistent pain is reported. A request was made for 20 sessions of psychotherapy on a weekly basis and was not certified in the pre-authorization process on June 5, 2014; rather, a modified recommendation was made for 6 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Weekly Basis for Approximately Twenty (20) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress(Note: these may not be covered under workers' compensation) (updated 06/12/14) Cognitive therapy for depression: ODG Psychotherapy Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule addresses psychological treatment, but does not address number of visits, and references the Official Disability Guidelines (ODG) cognitive behavioral therapy guidelines. ODG guidelines note that that up to 20 visits over 20 weeks may be supported if progress is being made. But the guidelines specifically indicate that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. The medical record does not indicate that a 6 session trial has been provided with documentation evidencing symptom improvement. Therefore, this request is not medically necessary.