

Case Number:	CM14-0090329		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2012
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Psychologist 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 34-year-old female who reported an injury on 05/04/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic pain syndrome and lumbar radiculitis. Medical treatment consists of a functional restoration program, unknown number of individual psychotherapy sessions, chiropractic treatment, physical therapy and medication therapy. Medication included Naproxen, Venlafaxine, and Gabapentin. The toxicology screening revealed that the provider was unable to find Gabapentin as she was not taking daily as prescribed. On 07/10/2014 the injured worker complained of cramps, muscle spasms, numbness and tingling of the affected limbs and numbness and tingling in bilateral limbs. Physical examination revealed that the injured worker appeared to be in mild distress, depressed, fatigued and in moderate pain and tearful. The submitted report lacked any pertinent evidence as to range of motion of the extremities, motor strength or sensory deficits. The treatment plan was for the injured worker to undergo outpatient psychotherapy 2 times a week for 4 weeks. The rationale for request was not submitted for review. The Request for Authorization form was submitted on 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy, 2 times per week x 4 weeks: Upheld

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
PsychotherapyODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for Outpatient Psychotherapy, 2 times per week times 4 weeks is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well establish a baseline by which to assess improvements during therapy. The request for the injured worker for psychotherapy is for 2 times a week for 4 weeks which exceeds the recommendations of the guidelines. As such, the request for Outpatient Psychotherapy, 2 times per week times 4 weeks is not medically necessary.