

Case Number:	CM14-0092614		
Date Assigned:	07/25/2014	Date of Injury:	05/03/2010
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 49-year-old male who reported an injury on 05/03/2010. The mechanism of injury was not stated. Current diagnoses include spondylosis of the lumbosacral region with facet arthropathy, lumbar disc displacement without myelopathy, disorders of the sacrum, and sciatica. The injured worker was evaluated on 05/12/2014 with complaints of persistent lower back pain. The injured worker completed a Functional Restoration Program and was actively participating in home exercise. Physical examination revealed an antalgic gait, tenderness to palpation at the lumbosacral junction, limited lumbar range of motion, decreased sensation in the right lower extremity, and normal motor strength. The current medication regimen includes tramadol 150 mg, cyclobenzaprine 7.5 mg, Protonix 20 mg, and diclofenac sodium 1.5%. Treatment recommendations at that time included a psychology consultation with 12 followup visits with the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines (<http://odg-twc.com/odgtwc/pain.htm>); Official Disability Guidelines, Psychotherapy Guidelines (<http://odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker demonstrated an appropriate mood and affect on the requesting date of 05/12/2014. There are only subjective reports of anxiety, stress and depression due to current finances. There was no documentation of a comprehensive psychological examination. There are no psychiatric diagnoses. The patient has previously participated in a functional restoration program where behavioral therapy and psychotherapy are typically provided. The medical necessity for the requested consultation has not been established. As such, the request is non-certified.

Psychologist 12 follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines (<http://odg-twc.com/odgtwc/pain.htm>); Official Disability Guidelines, Psychotherapy Guidelines (<http://odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As the injured worker's psychology consultation has not been authorized, the current request for 12 followup visits with the psychologist is also not medically necessary. Additionally, the current request for 12 followup visits would not fall within guideline recommendations, as the injured worker would require reassessment at each visit to determine future care. As such, the request is non-certified.