

Case Number:	CM14-0137948		
Date Assigned:	09/05/2014	Date of Injury:	07/01/2010
Decision Date:	02/11/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 licensed in Psychologist (PHD, PSYD), 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:

The injured worker is a year-old female (DOB) with a date of injury of 7/1/2010. The injured worker sustained injury to her back when she was unloading a truck and she pushed a box down onto rollers while working as a sales associate for [REDACTED]. She has been diagnosed by Dr. [REDACTED] with: (1) Chronic low back, left lower extremity pain/ S/P microdiscectomy at L5-S1 on 5/16/12 by Dr. [REDACTED]; and (2) MRI from 8/17/10 showed disk herniation paracentral left at L5-S1, disk bulge over the left side at L4-L5, and old compression fracture at T12. MRI of lumbar spine from 2/11/13 showed posterior broad-based disk protrusion at L5-S1, broad-based bulging disk at L4-L5, disk dissections at L4-L5 and L5-S1. There is a compression fracture at T12. The fracture is chronic, probably healed. More specifically, the injured worker has been diagnosed with Cervicalgia, Lumbosacral Neuritis NOS, and Lumbago. It is also reported that the injured worker developed psychological symptoms secondary to her work-related orthopedic injury and chronic pain. It was reported in Dr. [REDACTED] 8/7/14 "Primary Treating Physician's Progress Report" that the injured worker was evaluated by Dr. [REDACTED]. However, there are no psychological records included for review. The request under review is for an initial trial of 16 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy QTY: 16 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

Decision rationale: This injured worker's date of injury is 11/03/2007. Documentation of the original injury was not provided. This 68 year old patient receives treatment for chronic neck with radiation of pain to both upper extremities. The patient also has low back pain with radiation down the legs. The patient takes Celebrex, which is a COX-2 NSAID. Other medications include Tramadol, Gabapentin, and docusate. A cervical MRI on 03/24/2011 showed osteophytes and moderate foraminal stenosis on the right C5 root. An MRI of the lumbar spine on 03/24/2011 shows small degrees of disc bulging. On physical exam the patient demonstrates some reduction in the ROM of both the cervical and lumbar spine. This review focuses on whether Prilosec is medically indicated.