MAXIMUS Federal Services

Case Number:	CM14-0164019		
Date Assigned:	10/08/2014	Date of Injury:	12/08/2013
Decision Date:	04/06/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 39 year old male, who sustained an industrial injury on December 8, 2013. He has reported low back pain that radiates down the right thigh, hip, and into the ankle. His diagnoses include low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis. He has been treated with physical therapy, chiropractic care, and heat/ice, lumbar support, off work with transition to work modifications, lumbar epidural steroid injection, and medications including pain, anti-epilepsy, muscle relaxant and non-steroidal anti-inflammatory. On February 27, 2014, an MRI of the lumbar spine was performed. On August 27, 2014, his treating physician reports persistent, constant, sharp shooting and burning low back pain that radiates to the left gluteal region and into the left thigh, mostly on the posterior aspect. Associated symptoms include intermittent stabbing pain and persistent left leg numbness. He reports difficulty with activities including standing and walking, feeling depressed and feels he cannot work due to the persistent pain. The physical exam revealed a flat affect and he was tearful during the visit. The psychiatric exam was positive for anxiety and depression. The treatment plan includes a psychology evaluation. On September 15, 2014, Utilization Review modified a request for 12 visits (once a week for twelve weeks) psychotherapy, noting the request exceeds the guideline recommendations for an initial course of psychological intervention. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1 time per week for 12 weeks: Upheld

Claims Administrator 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).

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) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as some symptoms of depression. Although psychotherapy is warranted, the request for an initial 12 sessions exceeds the recommended number of initial sessions set forth by both the CA MTUS for the treatment of chronic pain and the ODG for the treatment of depression. As a result, the request for an initial 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.