

Case Number:	CM15-0000125		
Date Assigned:	01/09/2015	Date of Injury:	11/01/2012
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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 34 year old male who sustained an industrial injury on 11/1/2012. He has reported various injuries related to a fall. The diagnoses have included concussion, punctured lung and fracture of the nose ribs, lumbar spine and right hip and chronic pain syndrome. Treatment to date has included lung surgery, medication management and referral to a pain management specialist. Currently, the IW complains of constant pain to the right lower back and posterior right thigh, numbness and tingling in the right leg with prolonged sitting, poor sleep and Crohn's disease. Magnetic resonance imaging noted a large central herniated disc at lumbar 5-sacral 1. On 12/15/2014 Utilization Review non-certified 12 visits of psychotherapy noting the lack of clinical indication and necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of 12 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy weekly for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update

Decision rationale: This injured worker was standing on a board performing maintenance on air-conditioning unit when he fell 13 feet and lost consciousness. Despite conventional treatment he remains in chronic pain on the right side of the low back that radiates into the right buttocks and occasionally into the posterior right thigh. Sleep is reported as poor and he tends to sleep in a chair rather than a bed due to pain. He's been a unable to work since the injury. According to the utilization review rationale for non-certification, the patient has received 9 sessions of psychotherapy to date. The official disability guidelines state that for most patients a course of psychological treatment consisting of 13-20 sessions can be offered in most cases as long as there is evidence of patient benefit. Additional sessions of psychological treatment may be indicated in this case, however the entire medical records submitted for consideration for this IMR consisted only of 45 pages, most were non-clinical and there was no documentation provided regarding the patient's psychological treatment. As best as could be determined the patient has only received 9 sessions and according to treatment guidelines may be eligible for additional sessions up to a maximum of 20 if patient progress is being made. But because no medical records were provided there was no documentation of patient benefit from prior sessions, the medical necessity of the request was not able to be established. In addition, there were no notes whatsoever were provided from the treatment psychologist or therapist and it's not clear what his psychological symptomology consists of. There is no active treatment plan with goals and expeted dates of accomplishment for the requested 12 session. If a psychological evaluation has been conducted it was not submitted for consideration. Due to insufficient information, only, the medical necessity was not established for this request was not established, and therefore the request to overturn the utilization review decision for non-certification is denied.