

Case Number:	CM15-0004353		
Date Assigned:	01/15/2015	Date of Injury:	11/19/2001
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 11/19/2001. She has reported continued low back pain. The diagnoses have included lumbar post-laminectomy syndrome, lumbar spinal stenosis; lumbar radiculopathy, and depression with anxiety. Treatment to date has included medication, transforaminal lumbar epidural steroid injections, psychotherapy sessions, and surgical intervention. Medications have included Neurontin, OxyContin, Oxycodone HCl, and Paroxetine. Surgical interventions have included a L3-L4 anterolateral discectomy and posterior fusion, performed on 10/14/2014. A progress report from the treating physician, dated 12/10/2014, documented a periodic visit with the injured worker. The injured worker reported low back pain; pain is rated 6/10 on the visual analog scale without medications; pain is rated 2/10 with medications; sleep quality is poor; and prior psychotherapy sessions were very beneficial. Objective findings included a right-sided antalgic and slowed gait, assisted by cane; cervical spine and paracervical muscles with tenderness to palpation; lumbar spine restricted range of motion; tenderness to palpation of the paravertebral muscles; and straight leg raising test is positive on both sides. The treatment plan included continuation of medications; request post-operative physical therapy sessions; re-request additional psychotherapy sessions; and follow-up evaluation in four weeks. On 12/18/2014 Utilization Review non-certified 1 Additional Session with a Psychologist, noting the lack of documentation of any significant objective functional improvement from prior psychotherapy sessions. The MTUS, Chronic Pain Medical Treatment Guidelines, Behavioral Interventions; and the Official Disability Guidelines, Treatment Index, 11th Edition, Pain,

Behavioral Interventions were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of 1 Additional Session with a Psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional session with a psychologist: 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, Cognitive Behavioral Therapy (CBT); Pain Chapter, Behavioral interventions (CBT); Low Back Chapter, Behavioral treatment; Stress/Mental Chapter, Multi-disciplinary pain programs; Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The patient presents with lower backache along with worsening depression. The current request is for an additional session with a psychologist. The treating physician states that previous sessions were very beneficial. The MTUS guidelines state that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)In this case, the treating physician is requesting an additional session with a psychologist. The patient has already had at least 10 psychophysiological therapy sessions. There has been no objective functional improvement documented from prior sessions. There has been no compelling evidence that going outside the MTUS recommended guidelines to authorize an additional session with a psychologist would be beneficial for this patient. Recommendation is for denial.