

Case Number:	CM15-0136447		
Date Assigned:	07/24/2015	Date of Injury:	08/26/2011
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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

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 27 year old female who sustained work related injury August 26, 2011. Past history included L4-S1 fusion, December, 2013. According to a physician's progress notes, dated May 19, 2015, the injured worker presented for a follow-up and refill of medication. She complains of moderate pain in the lower back and joints, rated 5 out of 10. She is limited in walking, lifting, and standing by pain. Current medication included Paxil, Zanaflex, MS Contin ER, Gabapentin, Terocin patch, Fioricet, and Dilaudid. Physical examination of the lumbar spine is positive for muscle atrophy, tenderness midline and right and left sacroiliac joint. Range of motion is limited secondary to pain and fusion. Sensation of light touch is equal bilaterally and negative straight leg raise and Romberg sign. Inspection of the cervical spine revealed right trapezial tenderness and bilateral muscle spasm. There is decreased range of motion and increased pain with rotation. Diagnoses are cervical and lumbar intervertebral disc without myelopathy; post laminectomy syndrome, lumbar region; depression; anxiety; insomnia; sacroilitis. Treatment plan included a trigger point injection, one or two muscles, continue medication and at issue, a request for authorization for individual psychotherapy 2-4 sessions per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2-4 sessions per month: 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) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 completed an initial psychological evaluation with [REDACTED], LCSW, on 10/14/14. She then received two follow-up psychotherapy sessions on 11/6/14 and 11/12/14. In a letter dated 12/2/14, [REDACTED] provided some information regarding prior treatment as well as recommended further services. She recommended 2-4 sessions per month as long as symptoms persisted. The request under review is based upon this recommendation. Unfortunately, the documentation is limited and fails to support nor substantiate the need for additional treatment. Additionally, the request remains too vague as it does not indicate a specific number of sessions. As a result, the request for additional psychotherapy 204 sessions per month is not medically necessary.