

Case Number:	CM15-0149100		
Date Assigned:	08/12/2015	Date of Injury:	02/17/2007
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 February 17, 2007. The injured worker reported lifting a heavy object with immediate low back and bilateral leg pain. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), stenosis, chronic low back pain and fusion. Treatment to date has included magnetic resonance imaging (MRI), x-rays, medication, chiropractic treatment, physical therapy, epidural steroid injection, facet blocks surgery and pain management. A progress note dated June 19, 2015 provides the injured worker complains of low back pain radiating the legs. He rates the pain 8 out of 10. Physical exam notes no acute distress, clean and dry lumbar incision, tenderness to palpation and increased pain with range of motion (ROM). Straight leg raise is positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional visits individually psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

Decision rationale: California MTUS states 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. 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). The injured worker has been diagnosed with pain disorder associated with psychological factors and general medical condition, major depression, psychosis and anxiety disorder. Upon review of the submitted documentation, it is gathered that the injured worker has had over 60 psychotherapy sessions however, there has been no clear documentation regarding "objective functional improvement" with the treatment thus far. The injured worker has already exceeded the upper limit of psychotherapy sessions for chronic pain as well as depressive disorder per the guidelines quoted above. Thus, the request for 6 additional visits individual psychotherapy is excessive and not medically necessary.