

Case Number:	CM15-0196196		
Date Assigned:	10/09/2015	Date of Injury:	04/11/1995
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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 58 year old female, who sustained an industrial injury on April 11, 1995, incurring low back and upper back and neck injuries. She was diagnosed with lumbar degenerative disc disease with disc herniation, and lumbar radiculopathy. Treatment included pain medications, muscle relaxants, topical analgesic patches, antidepressants, daily exercising, and activity modifications and restrictions. Currently, the injured worker complained of recurrent low back pain radiating into the lower extremities with numbness and with reduced range of motion, muscle spasms, skin diaphoresis and limited activities of daily living. Her sleep pattern remained limited to 4 hours a night due to her increased pain. She continued to work 5 hours a day on her current medication regimen. She was noted to have reduced activity levels, fear behavior, and prolonged disability issues. The treatment plan that was requested for authorization October 6, 2015, included 4 sessions of Psychotherapy and 12 sessions of Cognitive Behavioral Therapy. On September 28, 2015, a request for psychotherapy and Cognitive Behavioral Therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 1995. She has also developed symptoms of depression secondary to her chronic pain. In the 9/15/15 evaluation report, treating physician, [REDACTED], notes depressed mood and recommends that the injured worker receive a psychological consult, psychological testing, 4 psychotherapy sessions, and 10 CBT sessions. The request under review is based upon these recommendations. However, it does not appear that the injured worker has yet to complete a thorough psychological assessment/evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations. Without having had this already completed, the request for follow-up treatment is premature. As a result, the request for 4 psychotherapy sessions is not medically necessary.

12 sessions of Cognitive Behavioral Training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 1995. She has also developed symptoms of depression secondary to her chronic pain. In the 9/15/15 evaluation report, treating physician, [REDACTED], notes depressed mood and recommends that the injured worker receive a psychological consult, psychological testing, 4 psychotherapy sessions, and 10 CBT sessions. The request under review is based upon these recommendations. However, it does not appear that the injured worker has yet to complete a thorough psychological assessment/evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations. Without having had this already completed, the request for follow-up treatment is premature. As a result, the request for 12 CBT sessions is not medically necessary.