

Case Number:	CM15-0022212		
Date Assigned:	02/11/2015	Date of Injury:	10/10/2007
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/05/2015

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, Washington

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

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 42-year-old male who reported an injury on 10/10/2007 due to a fall that ultimately resulted in lumbar fusion surgery. The injured worker had significant adverse effects resulting from surgical intervention, including poorly functioning bladder, erectile dysfunction, and significant bowel problems. The injured worker's post treatment history included multiple specialists, medications, therapies, and psychotherapy. The injured worker was evaluated on 01/19/2014. The injured worker's diagnoses included chronic pain, neurogenic bladder, neurogenic bowel, impotence, depression, and decreased functional status. The injured worker's objective findings included limited range of motion of the lumbar spine, an inability to stand or raise the right toes, and significant weakness of the quadriceps. The injured worker's treatment plan included continuation of medications. A request for 6 individual psychotherapy sessions was submitted on 01/24/2015. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Session, Once Per Month, #6: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Behavioral Interventions.

Decision rationale: The requested individual psychotherapy session, once per month, #6 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend psychiatric treatment for patients with psychiatric overlay related to chronic pain. The Official Disability Guidelines recommend up to 20 sessions of psychotherapy for patients with psychiatric overlay related to chronic pain. The clinical documentation does indicate that the injured worker has had several sessions of psychotherapy within the last 2 years. However, there is no documentation of significant functional benefit. Continued treatment should be based on significant functional benefit. As such, the requested individual psychotherapy sessions, once per month, #6 is not medically necessary or appropriate.