MAXIMUS Federal Services

Case Number:	CM15-0028829		
Date Assigned:	02/20/2015	Date of Injury:	09/11/2012
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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 54 year old male, who sustained an industrial injury on 9/11/12. He has reported low back, bilateral shoulder and bilateral lower extremity injuries while working as a sheriff deputy wearing heavy belts and training police dogs. The diagnoses have included major depressive disorder, psychogenic pain, post traumatic stress disorder, and lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Treatment to date has included medications, Epidural Steroid Injection (ESI) and physical therapy. Currently, the injured worker complains of foot pain, leg pain, lower back and shoulder pain which have gotten progressively worse. The pain radiates to bilateral extremities. The injured worker has received Epidural Steroid Injection (ESI) about a year ago that provided pain relief for about 8 weeks. He also had physical therapy but states that this made the pain worse. He has been maintained on Tramadol 2-4 tabs per day with 60-80 percent reduction in pain for 3-4 hours. He also takes Soma about 2-3 times a month and Gabapentin. The low back pain is rated 7/10 on pain scale with radiating pain and numbness in bilateral extremities. He also complains of associated numbness, pins and needles and muscle spasms which makes activities of daily living (ADL's) difficult. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6/25/14 revealed posterior annular fissure, disc bulge, facet hypertrophy, epidural lipomatosis and foraminal narrowing. He had difficulty sleeping, frequent awakening, fevers, nausea, weakness, and numbness decreased memory, anxiety, and depression and panic attacks. Physical exam revealed the back had decreased range of motion due to pain, facet palpation tenderness, and straight leg raise was positive bilaterally. The bilateral extremities revealed weakness bilaterally and decreased sensation to light touch over the right greater than

left posterior lateral lower leg and left medial foot. Current medications were tramadol, losartan, prilosec and soma. The urine drug screen dated 12/10/14 was consistent with medications prescribed. Psychological progress note dated 1/7/15 thought processes were well connected and organized. He was aware of symptoms with insight into difficulties and coping mechanisms. He appeared mildly anxious with depression related to lumbar pain and adjustment to retirement. He continues to feel inadequate and vulnerable due to physical problems. There was improved relations with family, enrolling in college class, inquire into acupuncture, return to aqua treatment and increase time spent with school board. The injured worker requested as needed protocol for psychotherapy over the next year.On 1/29/15 Utilization Review non-certified a request for Psychotherapy 50 min, PRN over next year once in 30-60 days. The (MTUS) Medical Treatment Utilization Schedule, Chronic pain medical treatment guidelines, page 23 and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 50 min, PRN over next year once in 30-60 days: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for pain, See also psychological treatment Page(s): 23-24, see also 101-102. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines March 2015 update.

Decision rationale: The utilization review rationale for non-certification of the requested treatment was stated as: "although additional visits may be supported, without evidence of objective functional benefit, ongoing therapy is not medically necessary at this time."The medical necessity of the request for psychotherapy 50 minute sessions to be held on a PRN basis over the next year once every 30-60 days is not supported by the documentation provided for this review. The official disability guidelines and MTUS state that a course of psychological treatment for most patients should consist of 6-10 visits in the case of MTUS guidelines and 13-20 visits per ODG as long as progress is being documented. This request is open-ended with regards to quantity. There is no information provided with regards to the prior quantity of sessions at the patient has received to date and this request is not specific enough to determine whether or not the request is appropriate. Continued psychological treatment is based on all 3 of the following factors being clearly documented: significant patient symptomology warranting the medical necessity of the requested treatment, total quantity of sessions provided to date conforming with guidelines, and that there is evidence of significant patient benefit including objective functional improvements. These requirements were not adequately addressed by the documentation that was provided for consideration for this review. No psychological treatment progress notes detailing session content or goals that are were being worked on was provided.In general, the psychological documentation was minimal. No comprehensive treatment plan was

stated goals and estimated dates of accomplishment were provided. Prior treatment outcome is unclear in terms of objectively measured functional improvements. The total quantity of sessions the patient has received to date is needed as well as a specific quantity for the request. For these reasons the medical necessity is not established in the utilization review determination for non-certification is upheld.