

Case Number:	CM15-0217231		
Date Assigned:	11/09/2015	Date of Injury:	07/29/2005
Decision Date:	12/31/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/04/2015

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 60-year-old female who sustained an industrial injury on 07/29/2005. Medical records indicated the worker was treated for lumbar post laminectomy syndrome, chronic radicular pain, and sleep and mood disorder related to chronic pain. In the provider notes of 09-02-2015, the worker is seen in follow up for her low back and lower extremity pain. She has concomitant non-industrial issues with her ankles, making land based therapy difficulty. She has had some aqua therapy which has improved her mobility. She continues with low back pain and her pain has not been in remission for the last 3-4 month. She has had a decrease in function and inability to ambulate. Her medications include Indomethacin, Metformin, Nortriptyline, and Simvastatin. Her pain behaviors are within the expected context of disease. A request for authorization was submitted for chronic pain psychotherapy evaluation and treatment x 4. A utilization review decision 10/05/2015 modified the request to approve Chronic Pain Psychotherapy evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain psychotherapy evaluation and treatment x 4: Upheld

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

MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter (2015), Cognitive behavioral therapy (CBT).

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in 2005. It was recommended by her treating physician, [REDACTED], that she receive psychological services. He recommended an initial evaluation and a follow-up of 4 psychotherapy sessions. The request under review is based upon this recommendation. The CA MTUS supports the use of psychological interventions in the treatment of chronic pain. It is recommended that an initial evaluation be completed in order to generate specific diagnostic information as well as appropriate treatment recommendations. Depending on the recommendations, follow-up psychological services can be beneficial. In this case, the injured worker has yet to complete an initial evaluation, which was part of the request under review. However, without having completed an evaluation, the second part of the request for 4 psychotherapy sessions is premature. As a result, the request for chronic pain psychotherapy evaluation and treatment X4 is not medically necessary. It is noted that the injured worker received a modified authorization for an evaluation only in response to this request.