

Case Number:	CM15-0220358		
Date Assigned:	11/16/2015	Date of Injury:	05/06/2004
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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 37 year old male, who sustained an industrial injury on 05-06-2004. Medical records indicated that the injured worker is undergoing treatment for depressive disorder, anxiety state, psychophysiological disorder, chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy, and lumbar post laminectomy syndrome. Treatment and diagnostics to date has included pain psychology sessions, home exercise program, and medications. Recent medications have included Tramadol. Subjective data (07-02-2015 and 10-02-2015), included low back pain. Objective findings (10-02-2015) included absent Achilles deep tendon reflex bilaterally. The treating physician noted that "with the use of pain psychology, the patient has been able to resume his home exercise program" and "depression has stabilized and he is motivated to remain active in his home exercise program and at work". The request for authorization dated 10-06-2015 requested 6 additional sessions (1x a week for the next 8-10 weeks) chronic pain psychology. The Utilization Review with a decision date of 10-14-2015 non-certified the request for 6 additional sessions of chronic pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional sessions of Chronic Pain Psychology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial evaluation with [REDACTED] on 5/18/15 and completed a total of 9 individual psychotherapy sessions with [REDACTED] through 8/27/15. The request under review is for an additional 6 pain psychology sessions. In the treatment of chronic pain, the CA MTUS recommends a total of up to 10 sessions as long as objective functional improvements have been demonstrated. The injured worker continues to struggle with his chronic pain despite making some progress. He also struggles with symptoms of depression and anxiety secondary to his chronic pain. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." Utilizing both guidelines as the injured worker experiences both chronic pain and psychiatric symptoms, the request for an additional 6 psychotherapy sessions appears reasonable. As a result, the request for an additional 6 psychotherapy sessions is medically necessary.