

Case Number:	CM15-0035727		
Date Assigned:	03/04/2015	Date of Injury:	02/26/1988
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 51 year old male, who sustained an industrial injury on 02/26/1988. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include post-laminectomy syndrome to the lumbar spine, displacement of lumbar intervertebral disc, lumbar disc with radiculitis, and low back pain. Treatment to date has included medication regimen, computed tomography discogram of the lumbar spine, and status post anterior/posterior fusion at lumbar three to sacral one. In a progress note dated 01/20/2015 the treating provider reports low back and left lower extremity pain that is rated a three to four out of ten. The injured worker has associated symptoms of tingling and numbness. The treating physician requested psychotherapy noting that the injured worker would benefit from these sessions to learn coping strategies and relaxation techniques to help manage pain and emotions. On 01/28/2015 Utilization Review non-certified the requested treatment of six visits of psychotherapy for patient and family for thirty minutes defaulted to six weeks, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines (May 2009), pages 1 to 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits psychotherapy defaulted to 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker received prior psychiatric services from psychiatrist, [REDACTED]. Although it was indicated in the UR determination letter from January 2015 that the injured worker had received prior psychotherapy, there were no records submitted for review to confirm this report. Without any information about prior psychological treatment nor a recent psychological evaluation that offers specific diagnostic information and appropriate treatment recommendations, the need for psychological services cannot be determined. As a result, the request for 6 psychotherapy visits is not medically necessary.