

Case Number:	CM15-0042028		
Date Assigned:	03/12/2015	Date of Injury:	04/04/1987
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 April 4, 1987. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having backache, brachial neuritis, carpal tunnel syndrome, cervical spondylosis without myelopathy, back and trunk disorders, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, dysthymia, low back pain/lumbago, major depression, panic disorder, and probable avoidant personality disorder. Treatment to date has included psychological therapy, pool therapy, and medication. Currently, the injured worker complains of feelings of depression and frustration. The Primary Treating Physician's report dated November 19, 2014, noted the injured worker having difficulty obtaining her pain medications, causing her to feel frustrated and depressed. The Physician noted the injured worker depressed, with fair concentration and current medications of Abilify, Wellbutrin XL, and Klonopin, essential for treatment of her depression. The injured worker was noted to have used four of the eight psychotherapy visits authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with major depression, panic disorder, and Probably Avoidant personality disorder. The current request is MRI of the lower back. The treating physician states, "Patient still having trouble getting her pain medications. This causes her to feel very frustrated and depressed. She is going to court about this next month." (B.79) There is no further discussion of the current request. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." In this case, there is no documentation provided in the progress reports dated between August and November 2014 that indicate unequivocal objective findings that identify nerve compromise. The progress reports submitted make no mention of an MRI request. The current request is not medically necessary and the recommendation is for denial.

Continue psych treatment 2x6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23.

Decision rationale: The patient presents with major depression, panic disorder, and Probably Avoidant personality disorder. The current request is Continue psych treatment 2x6 months. The treating physician states, "Patient still having trouble getting her pain medications. This causes her to feel very frustrated and depressed. She is going to court about this next month. Authorized for 8 psychotherapy sessions and has used 4 of them." (B.79) According to the MTUS, cognitive behavioral therapy is recommended. "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." MTUS goes on to state, "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." In this case, the physician has submitted a request for 12 additional sessions of psychotherapy. The patient has completed 4 of the previously authorized 8 sessions. The MTUS guidelines allow for a maximum of 10 sessions and the current request exceeds the MTUS recommendation. The current request is not medically necessary and the recommendation is for denial.

