

Case Number:	CM15-0043960		
Date Assigned:	03/13/2015	Date of Injury:	05/23/2007
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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 52 year old female, who sustained an industrial injury on 05/23/2007. Initial complaints reported included lumbar/low back pain and injury. The injured worker was diagnosed as having lumbar rotoscoliosis with disc degeneration, lumbar disc bulging and mild facet hypertrophy without central canal stenosis. Treatment to date has included conservative care, medications, lumbar laminectomy, lumbar Rhizotomy (11/06/2014), psychotherapy, physical therapy, aquatic therapy, chiropractic care, injections, CT scans, MRIs, and radiographic imaging. Currently, the injured worker complains of bilateral low back pain (right worse than left) with intermittent right posterior thigh symptoms and a reported 80% improvement since receiving the lumbar Rhizotomy. Current diagnoses include status post fluoroscopically guided right L4-L5 and right L5-S1 Rhizotomy, right sacroiliac joint pain, right lumbar facet joint pain at L5-S1, lumbar facet joint arthropathy, failed back syndrome, status post L4-L5 interbody fusion, lumbar post laminectomy syndrome, lumbar neural foraminal stenosis, lumbar degenerative disc disease, and depression. The current treatment plan consists of additional psychotherapy, continued medications, and follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 has been receiving both psychotropic medication management services as well as psychotherapy for the treatment of depression. Unfortunately, the psychotherapy progress noted from November and December 2014 are mostly illegible and it does not appear that there is any mention of the number of completed sessions to date nor the objective functional improvements made from those sessions. Without this information, the need for additional psychotherapy cannot be determined. As a result, the request for an unknown amount of additional "psychotherapy" is not medically necessary.