

Case Number:	CM15-0054851		
Date Assigned:	03/30/2015	Date of Injury:	11/28/2011
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old man sustained an industrial injury on 11/28/2011. The patient sustained the injury due to lifting and twisting accident. Diagnoses include status post laminectomy/discectomy, L3-L4 collapse, recurrent L3-L4 herniation with foraminal stenosis radiculopathy, rule out L3-L4 collapse and pseudoarthrosis pars defect, and recent sacroiliac joint injection with good relief. Treatment has included oral medications. Physician noted dated 2/11/2015 show complaints of being stressed, frustrated, and irritated. There is also complaints of axial back pain rated 9/10 and is scheduled for a radiofrequency lumbosacral medial branch nerve block. Recommendations include 12 additional psychological sessions. The medication list include Baclofen, Cymbalta, Restoril, Norco, Pantoprazole and Seroquelper the doctor's note dated 2/25/15 patient had complaints of back pain at 10/10. Physical examination of the low back revealed muscle spasm and patient was in wheel chair. Psychological examination revealed normal mood, behavior, and no suicidal ideation and normal other psychiatric and neurological examination. The patient's surgical history includes lumbar laminectomy surgery and lumbar median branch block. The patient had received low back trigger point injections for this injury. Patient has received an unspecified number of psychological sessions for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychological visits x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Request: Additional psychological visits x 12. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "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)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Patient has received an unspecified number of psychological sessions for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. Psychological examination revealed normal mood, behavior, and no suicidal ideation and normal other psychiatric and neurological examination. A recent behavioral cognitive therapy evaluation note was not included in the records provided. The medical necessity of the request for Additional psychological visits x12 is not medically necessary for this patient.