

Case Number:	CM15-0058312		
Date Assigned:	04/03/2015	Date of Injury:	01/12/1999
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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 male who sustained an industrial injury on January 12, 1999. The injured worker was diagnosed with reflex sympathetic dystrophy syndrome (RSD), right knee pain, lumbar spondylosis and lumbar radiculopathy. The injured worker is status post right knee arthroscopy and successfully completed a functional restoration program. The injured worker underwent radiofrequency ablation of the bilateral L4-5 and L5-S1 facet joints in March 2014, bilateral L3, L4 and L5-S1 radiofrequency neurotomy on December 9, 2014 and a repeat caudal epidural steroid injection (ESI) on December 16, 2014. According to the primary treating physician's progress report on February 16, 2014, the injured worker continues to experience mild cervical and thoracic pain with radiation to the lower back, buttocks and lower extremities associated with numbness, weakness and pins and needle sensation. Examination of the back demonstrated worsening range of motion with extension and extension rotation, pain with facet loading, facet tenderness to palpation and increased pain on palpation at the coccyx. Lower extremities demonstrated no sacroiliac (SI) joint or trochanteric bursa tenderness. Some pain remains with passive range of motion of the left hip. There was documented decreased motor strength of the bilateral lower extremities. Sensory examination was unchanged. Current medications are listed as Butrans Transdermal Patch, Norco, Cymbalta, Lunesta, Provigil and Voltaren gel. Treatment plan consists of decreasing Lunesta dosage, continue with other medications, home exercise program, follow-up with psychiatrist visit and the request for 6 additional Cognitive Behavioral Therapy (CBT) for ongoing depression related to chronic pain and mood swings.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional cognitive behavioral therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.clinicalevidence.com.

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 psychological services from [REDACTED], a colleague of [REDACTED]. Unfortunately, the only psychological record submitted for review is a PR-2 report from [REDACTED] dated September 2014. Despite the fact that this report is over 6 months old, the report also fails to indicate how many sessions have been completed to date nor the objective functional improvements made from the sessions. Without more current information including the number of sessions completed and the progress made, the need for any additional sessions cannot be determined. As a result, the request for 6 additional psychotherapy sessions is not medically necessary.