

Case Number:	CM15-0087473		
Date Assigned:	05/11/2015	Date of Injury:	07/12/1999
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

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

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 59 year old male, who sustained an industrial injury on July 12, 1999 while working as a courier and driver. The injured worker has been treated for low back and knee complaints. The diagnoses have included lumbar radiculitis, lumbar disc herniation with right lower extremity radiculopathy, degenerative joint disease of the bilateral knees, left knee strain, major depressive disorder single episode, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included medications, radiological studies, electrodiagnostic studies, epidural steroid injections, a transcutaneous electrical nerve stimulation unit, physical therapy, home exercise program, acupuncture treatments, psychological testing and a right total knee arthroplasty. Due to continuing pain and disability the injured worker developed symptoms of anxiety and depression. A psychological evaluation dated October 13, 2014 notes that the injured worker was depressed with changes in appetite, sleep disturbance, decreased energy, pain attacks and shortness of breath. Current documentation dated March 2, 2015 notes that the injured worker reported ongoing low back pain with radiation to the right lower extremity. The injured worker had received an epidural steroid injection with fifty percent pain relief. Functional ability also increased by fifty percent. Objective findings included an improved range of motion, decreased sensation at the right lumbar four-lumbar five distribution and a positive straight leg raise test on the right. The treating physician's plan of care included a request for psychotherapy session # 14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 14 Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Cognitive Therapy for Depression.

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

Decision rationale: Prospective: 14 Psychotherapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that behavioral interventions are recommended and to consider separate psychotherapy cognitive behavioral referral after 4 weeks if lack of progress from physical medicine alone. This can include an initial trial of 3-4 psychotherapy visits over 2 weeks and then with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request exceeds the recommended number of visits per the MTUS. Additionally the patient has had prior psychotherapy but it is unclear of exactly how many sessions and the outcome of these sessions. The request for 14 psychotherapy is not medically necessary.