

Case Number:	CM14-0100288		
Date Assigned:	07/30/2014	Date of Injury:	01/25/2000
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Child & Adolescent Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who was injured at work on January 25, 2000. The injured worker was pushing a wheelbarrow containing concrete when it fell, causing him to pull upwards suddenly and forcibly. He sustained a low back injury as a result. Later, this developed into chronic neuropathic pain. The injured worker underwent a lumbar laminectomy, and had persisting pain in his lower back as well as pain and numbness in his left leg. Subsequently, the injured worker developed depression secondary to the chronic pain. He was prescribed the psychotropic medications Bupropion and Lorazepam. The June 04, 2014 progress report by the treating physician noted that the injured worker had undergone an unspecified number of outpatient psychotherapy sessions in the past several years. There was no documented objective mental status examination in 2014 to indicate the injured worker's current mental health symptoms and functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy once monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral Interventions, Cognitive Behavioral Therapy for chronic pain.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that psychological treatment can be beneficial in the treatment of individuals suffering from chronic pain. Studies have shown that cognitive behavioral therapy (CBT) and self-regulatory therapy can improve the mental health symptoms and tolerance of pain. The Official Disability Guidelines (ODG) recommends an initial trial of 3 - 4 sessions followed by an additional 6 - 10 sessions over 10 weeks if there has been documented objective functional improvement. The injured worker has suffered depression secondary to chronic pain. He has already undergone an unspecified number of psychotherapy sessions in the past. The June 04, 2014 progress report failed to provide objective mental health symptoms, and there is also no indication as to whether the injured worker has received functional improvement from the sessions received to date. In addition, there is no specified number of psychotherapy sessions in the request, for these reasons, medical necessity is not met in this case.