

Case Number:	CM14-0107102		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2007
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 10/02/2007. The mechanism of injury was not stated. Current diagnoses include pain in a joint of the lower leg, lumbar disc displacement without myelopathy, and sciatica. The only clinical documentation submitted for this review is a visit note dated 05/21/2014. The injured worker presented with complaints of persistent lower back pain. The injured worker also reported complaints of depression. Physical examination revealed an appropriate mood and affect, an antalgic gait, tenderness to palpation of the lumbosacral junction, limited range of motion, crepitus and grinding of the bilateral knees, and diminished knee range of motion. Treatment recommendations included 12 follow-up visits with a psychologist and a 12 month gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy and utilize Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines for Chronic Pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. There is no specific duration of treatment listed in the request. As such, the request for psychotherapy is not medically necessary.