

Case Number:	CM14-0137411		
Date Assigned:	09/05/2014	Date of Injury:	05/14/1998
Decision Date:	10/08/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 52-year-old male with a reported date of injury on 05/14/1998. The injury reportedly occurred when the injured worker's ladder collapsed while he was changing a light bulb. His diagnoses were noted to include status post L3-5 transforaminal lumbar interbody fusion; status post C5-6 ACDF; postlaminectomy syndrome of the lumbar region; postlaminectomy syndrome to the cervical region; cervicgia; cervical cranial syndrome; lumbago; thoracic/lumbosacral neuritis/radiculitis; myalgia and myositis; and muscle spasms. His previous treatments were noted to include trigger point injections, surgery, and medications. The progress note dated 07/28/2014 revealed complaints of moderate to severe back pain with difficulty of prolonged activity and activities of daily living. The physical examination revealed difficulty changing position and getting onto the examination table. The range of motion was restricted and caused painful symptoms, and there was guarding as well as muscle spasms. The Request for Authorization form was not submitted within the medical records. The request was for 12 psychotherapy visits; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The injured worker complains of constant low back pain. The cognitive behavioral therapy guidelines for chronic pain state to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider a separate psychotherapy CBT referral after 4 weeks of lack of progress from physical medicine alone, such as an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). There is a lack of documentation regarding psychological issues to warrant psychotherapy visits. Additionally, the request for 12 psychotherapy visits exceeds guideline recommendations. Therefore, the request is not medically necessary.