

Case Number:	CM15-0107237		
Date Assigned:	06/11/2015	Date of Injury:	09/14/2006
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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 53 year old male, who sustained an industrial injury on 9/14/06. The injured worker has complaints of low back pain and the bone in his thigh. The lumbar spine has very limited ORM and significant guarding with spasms and tenderness of palpation at L3-5. The documentation noted that there is tenderness at the left greater trochanter and left lateral thigh. The documentation noted on 5/4/15 that the injured worker was very anxious and his eyes watered. The diagnoses have included lumbar disc disease; left knee, internal derangement and depression and anxiety. Treatment to date has included tramadol and hydrocodone; injections; magnetic resonance imaging (MRI) of the lumbar spine on 2/25/15; magnetic resonance imaging (MRI) of the left knee and psychiatry care. The documentation noted that the injured worker has been offered surgery to spine but he refuses because he feels damage is to his left lower extremity. The request was for individual psychotherapy, once a month in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy, once a month in 6 months: Upheld

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

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 continued to experience chronic pain since his injury in 2006. He has also experienced psychiatric symptoms of depression secondary to his chronic pain and has been receiving psychotropic medication management services for psychiatrist, [REDACTED]. In the November 2014 PR-2 report, [REDACTED] offered a diagnosis of Major Depression however, the rest of the report was illegible. In the most recent PR-2 report from May 2015, it is reported that the injured worker is "anxious". However, there is minimal information about the injured worker's depressive symptoms, their affect on his functioning, etc. It is unknown whether a psychological evaluation has been conducted in the past and/or whether prior psychological services have been completed. The information within the submitted records fails to provide enough support or provide a rationale for psychotherapy services. As a result, the request for individual psychotherapy once a month in 6 months is not medically necessary.