

Case Number:	CM15-0014883		
Date Assigned:	02/02/2015	Date of Injury:	06/25/2010
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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 40 year old male with an industrial injury dated 06/25/2010 causing injury to the lumbar region during a motor vehicle accident. His diagnoses include lumbar spine disc protrusion, stenosis with right lower extremity radiculopathy, cervical spine disk protrusion with bilateral radiculopathy, and depression/anxiety. Recent diagnostic testing has included a MRI of the lumbar spine (12/17/2014) which showed lumbar spondylosis, narrowing of the lumbar spinal canal and overall moderate stenosis, and MRI of the cervical spine (06/02/2014) showing discogenic changes without compromise of neural elements. Prior treatments were not discussed. In a progress note dated 12/19/2014, the treating physician reports low back pain radiating to the right lower extremity and cervical pain. The objective examination revealed tenderness to the paraspinal musculature with the right greater than the left, limited range of motion, tenderness to the sciatic notch, and positive straight leg raise on the left. The treating physician is requesting 12 psycho sessions which was denied by the utilization review. On 12/31/2014, Utilization Review non-certified a request for 12 psycho sessions, noting the absence of documented psychological deficits. The MTUS ACOEM ODG Guidelines were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of psycho sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych sessions x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker was diagnosed with depression and anxiety by treating physician, [REDACTED], in his PR-2 report dated 12/19/2014. Other than the diagnosis and the recommendation for 12 psychotherapy sessions, there is no other documentation of psychiatric symptoms or rationale for follow-up psychological services. In some of [REDACTED]' prior PR-2 reports, there is mention of a psychological evaluation by [REDACTED]. However, no psychological records were included for review. Without sufficient information to support the need for psychological services, the request for 12 psychological sessions is not medically necessary.