

Case Number:	CM15-0015987		
Date Assigned:	02/04/2015	Date of Injury:	03/22/2013
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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 52 year old male who sustained a work related injury March 22, 2013. Past history included left L4/5, left L5/S1 hemilaminotomy and microscopic nerve root decompression. While lifting and twisting a large amount of weight, he reported a back injury. According to a primary physician's progress report, dated December 23, 2014, the injured worker presented with complaints of left leg pain radiating to his lower and mid-back, as well as right shoulder pain. The pain has increased since pulling the trail lead. Physical examination reveals altered sensation in dorsum of left foot into the toe and hypersensitivity in L5 distribution on the left. The right shoulder shows 75% range of motion abduction and decrease and limited range of motion for external and internal rotation of the shoulder. Near's- Hawkins is positive. Diagnoses include lumbar radiculopathy, depression, hypertension, and right shoulder impingement. Recommendations included medications and awaiting authorization for paddle lead implantation. Work status; return to work with modifications. According to utilization review dated January 21, 2015, the request for (6) Psychotherapy Sessions is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG-TWC Guidelines Stress and Mental Health and Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

Decision rationale: The injured worker completed a spinal cord stimulator evaluation/clearance with [REDACTED] on 10/24/14. Other than [REDACTED] evaluation, the injured worker has not had any recent psychological services. There is little documentation from treating physician, [REDACTED] as to the the purpose of the requested 6 psychotherapy sessions. Without sufficient information/documentation to substantiate the request, the request for 6 psychotherapy sessions is not medically necessary.