

Case Number:	CM15-0016550		
Date Assigned:	02/04/2015	Date of Injury:	01/20/2012
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
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 39 year old male, who sustained an industrial injury on 1/20/12. The office visit on 12/12/14 noted that the injured worker had been doing fairly well since initiation of Lyrica and was still using Norco, Relafen and tizanidine and the use of the Transcutaneous Electrical Nerve Stimulation (TENS) unit. He has bilateral pain that radiates to lower extremity left greater than right with paresthesia and burning. The documentation noted on 12/26/14 was there to request counseling, is on Wellbutrin for depression as a result of his chronic low back pain with radicular symptoms, has helped with moods but still feels irritable at times and has been withdrawn from spouse and 2 children and the week prior "exploded" having difficult time. The diagnoses have included post laminectomy syndrome; radicular syndrome of left leg and depression, major, in partial remission. Work status is documented as remaining off of work. According to the utilization review performed on 1/6/15, the requested Referral to psychology once a week for eight weeks has been modified to psychological evaluation. CA MTUS 2009; ACOEM and the ODG were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychology once a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological see also cognitive behavioral therapy, psychothe. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines. February 2015 update

Decision rationale: A request was made for 8 sessions of psychotherapy to be held one time a week for 8 weeks, the request was non-certified by utilization review which offered a modification to allow for a psychological evaluation and no sessions of psychotherapy. The utilization review did not provide a specific reason for the modification. The patient has been having depression and mood swings and reports feeling frustrated in his inability to do activities that he normally used to be able to this is resulted in increased levels of irritability, argumentativeness, frustration and feeling "down." An explosive episode with his wife precipitated this outreach for psychological treatment. All of the provided documents were carefully considered for this review. The patient appears to be an appropriate psychological treatment candidate. As best as could be determined he does not appear to have had any prior psychological treatments other than the use of psychotropic medication. He is currently on the psychiatric medication Cymbalta for depression and it appears that in the past he was on Wellbutrin and Lexapro. It is not clear if he is still taking these medications other than the Cymbalta. The request for 8 sessions of psychological treatment is not consistent with the MTUS/official disability guidelines psychological treatment protocol. Both guidelines specifically state that an initial short course of psychological treatment is recommended initially. This would consist of 3 to 4 sessions (MTUS) or up to 6 sessions (official disability guidelines) to determine patient's responsiveness to treatment. With documentation of patient benefit including objective functional improvement, additional sessions may be warranted up to a maximum of 13-20 sessions per official disability guidelines. Because it appears that the patient has not had any psychological treatment he would be eligible for sessions but an initial evaluation should be conducted to properly determine his current psychological diagnosis and come up with a comprehensive treatment plan. For this reason the utilization review determination was appropriate and correct in its decision to change the request from 8 sessions to allow for a psychological evaluation. Because the medical necessity of 8 sessions was not established due to not following the treatment protocol for a brief course of initial treatment the utilization review determination is upheld.