

Case Number:	CM15-0112271		
Date Assigned:	06/23/2015	Date of Injury:	09/21/2009
Decision Date:	07/28/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/10/2015

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, who sustained an industrial injury on 09/21/2009. He has reported injury to the head and low back. The diagnoses have included post-traumatic headache; lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; and depressive disorder. Treatment to date has included medications, diagnostics, heat/ice, home exercise program, lumbar epidural steroid injection, right lumbar radiofrequency ablations, and left medial branch blocks L3, L4, and L5. Medications have included Flexeril, MS Contin, Norco, and Zofran. A progress note from the treating physician, dated 04/28/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued low back and leg pain; the pain is constant and with the MS Contin it remains at about an 8/10 without activity; with activity he has breakthrough pain which reaches 9-10/10; Norco reduces the pain to an 8/10 for 3 to 4 hours; without medication he would be unable to complete any activities and would be at home resting all day due to severe pain levels; Flexeril reduces acute muscle spasms throughout the day and night; Zofran reduces nausea which he has when pain is severe; he has had recent fainting spells or loss of consciousness; the pain is located at the head, back, and bilateral legs and feet; and pain relief with medications or treatment is 50/100%. Objective findings included pain relief and improved function with prescribed medications; and the depression index that was administered indicates moderate depression symptoms. The treatment plan has included the request for eight psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in September 2009. It also appears that he has developed psychiatric symptoms secondary to his chronic pain however, he has yet to receive any psychological treatment including an initial psychological evaluation. A psychological evaluation is pertinent in identifying a more specific psychiatric diagnosis(s) as well as offering relevant and appropriate treatment recommendations prior to commencing treatment. Without having completed a thorough evaluation, the request for treatment is premature. As a result, the request for an initial 8 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request.