

Case Number:	CM15-0116252		
Date Assigned:	06/24/2015	Date of Injury:	06/11/2007
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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 55 year old male who sustained an industrial injury on 6/11/07. Treatments include medication, physical therapy, lumbar epidural injections and lumbar facet injections. Progress note dated 5/1/15 reports complaints of continued neck and low back pain. Headaches and neck pain have decreased. The injured worker reports with psychological treatment his anxiety and irritability decrease which helps lessen the pain. Diagnoses include degeneration lumbar, spondylosis lumbosacral, syndrome post-concussion (dizzy, headaches), degeneration cervical disc and long term use of medication. Work status is permanent and stationary with permanent disability. Plan of care includes: surgery is being deferred at this time lumbar epidural injections and lumbar facet injections provide relief, continue conservative management of pain, request authorization for 12 follow up visits with the psychologist and return for follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Follow up visits with the psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive behavioral therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in April 2013. The injured worker participated in intermittent follow-up psychotherapy with [REDACTED] from April 2013 through December 2014. According to [REDACTED] December 2014 report, the injured worker completed 25 total sessions. The injured worker was then discharged from services, which were mutually agreed upon by both the injured worker and [REDACTED]. It is reported that the injured worker has decompensated since December 2014 and it is recommended that he resume outpatient psychotherapy services as a result. The request under review is based upon this recommendation. Although the injured worker has shown some decompensation in functioning and may benefit from a few maintenance psychotherapy sessions, the request for an additional 12 sessions is excessive given the number of sessions previously received. As a result, the request for an additional 12 sessions is not medically necessary.