

Case Number:	CM15-0068299		
Date Assigned:	04/15/2015	Date of Injury:	12/31/2009
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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 58 year old male, who sustained an industrial injury on December 31, 2009. He reported low back pain. The injured worker was diagnosed as having long term use of medications, dysthymic disorder and lumbar spondylosis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, lumbar surgery, medications and work restrictions. Currently, the injured worker complains of low back pain, radiating pain and numbness to the right lower extremity, loss of bowel and bladder function, depression, homicidal and suicidal thoughts, anxiety and sleep disturbances. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Psychological evaluation on September 4, 2014, revealed continued depression, anxiety and sleep difficulties. Psychotherapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1X12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services intermittently for the past 3 years. It appears that he initially received services from [REDACTED] in 2012. At some point in 2013, the injured worker began psychological services with current treatment provider, [REDACTED]. It is unclear as to the number of individual sessions completed to date. It is known that the injured worker has received individual and group therapy as well as prior biofeedback. Given the injured worker's prior treatment and limited improvement thus far, the need for continued treatment has not been established. Additionally, the injured worker did receive a modified authorization for an additional 6 CBT sessions on 3/13/15 based upon a separate request for 12 CBT sessions. The request under review is a duplicate request as indicated in the UR letter of denial dated 3/13/15. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.

Biofeedback Training 5X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services intermittently for the past 3 years. It appears that he initially received services from [REDACTED] in 2012. At some point in 2013, the injured worker began psychological services with current treatment provider, [REDACTED]. It is unclear as to the number of biofeedback sessions completed to date. It is known that the injured worker has received individual and group therapy as well as prior biofeedback. Given the injured worker's prior treatment and limited improvement thus far, the need for continued biofeedback treatment has not been established. Additionally, in the UR denial letter dated 3/13/15, reviewing physician, [REDACTED], indicated that the treating provider, [REDACTED], requested to withdraw the request. As a result of the above rationales, the request for additional biofeedback sessions is not medically necessary.