

Case Number:	CM15-0092313		
Date Assigned:	05/18/2015	Date of Injury:	11/02/2007
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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 61-year-old male who sustained an industrial injury on 11/2/07 resulting in low back and leg pain. He currently complains of leg pain and swelling with numbness and tingling with limited movement. On physical exam of the lumbar region there was pain with Valsalva, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally and spasm bilaterally. There was significant post stroke left-sided weakness that was fairly global regarding upper and lower extremities with loss of sensory and motor function of left upper and lower extremities. He is wheelchair bound with limitations of functional capacity regarding his ability to ambulate for prolonged periods and sit for prolonged periods. Medication improves condition, increases functional capacity. Climbing stairs worsens the pain. His pain level is 1/10. In addition he has low back pain with radicular pain in the right and left leg. Medications are Butrans patch, omeprazole, Vicodin. Diagnoses include status post-acute disc herniation at L4-5, status post right L4-5 microdiscectomy (3/28/08) with resolution of severe lower extremity neuropathic pain and a component of axial spinal pain. Treatments to date include pain medications; aquatic therapy; physical therapy. In the progress note, dated 3/27/15 the treating provider's plan of care includes a request for additional counseling. Of note, there were no records available for review regarding prior counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving treatment of his psychiatric symptoms of depression with psychotropic medication management services from [REDACTED] and [REDACTED] as well as receiving individual psychotherapy from [REDACTED]. In the most recent progress note dated, 1/7/2015, [REDACTED] fails to include the number of completed sessions to date nor the progress/improvements made from the completed sessions. Although the ODG recommends psychotherapy for the treatment of depression, it states, "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Without more information, the need for additional psychotherapy cannot be substantiated. Additionally, the request for "counseling" remains too vague and does not specify the number of sessions requested nor the duration for which the sessions are to occur. As a result, the request for counseling is not medically necessary.