

Case Number:	CM15-0098056		
Date Assigned:	05/29/2015	Date of Injury:	09/27/2011
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 43 year old male who reported an industrial injury on 9/27/2011. His diagnoses, and/or impressions, are noted to include: chronic pain with psychological and medical conditions; and post-traumatic stress disorder. The history notes recent lumbar surgery, 2/10/2015, with completion of post-operative physical therapy (P.T.); and the continuation of severe back pain, without radiculopathy. No current imaging studies are noted. His treatments have included lumbar surgery with P.T.; a Psyche agreed medical examination (AME), with report; medication management; rest from work with a plan for returning to restricted and modified work duties. The progress notes of 4/30/2015 reported severe pain in one spot of the back, following surgery and P.T.; as well as multiple described methods used to continue working on stress reduction and anger management associated with pain and work. The objective findings were noted to include a flat affect, decreased anger; compliance with treatment; improved grooming; a slow/guarded gait; minimal movement due to pain; less pressured verbal expressions, though slow and low in volume; a mildly dysphoric mood with slight anxiety; no evidence of psychotic behaviors; and participation in planning his return to modified work duties with a new assignment. The physician's requests for treatments were noted to include an imperative recommendation for continued psychotherapy sessions as per the Psych AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 time per week for 45 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medial records, the injured worker has been receiving psychiatric medication management services as well as psychological treatment for chronic pain as well as secondary psychiatric symptoms. He has been treating with psychologist, [REDACTED], for an unknown amount of time nor unknown number of sessions. In the most recent PR-2 report of April 2015, it appears that the injured worker has made progress and has improved as a result of the completed psychological services. However, without more information about prior treatment (ie. duration of time receiving treatment as well as the number of completed sessions), the need for additional treatment cannot be fully determined. Additionally, according to [REDACTED], the request for additional treatment (1 time per week for 45 days) is based upon an AME recommendation. However, the recommendation was from an evaluation over ne year ago and the report is not included for review. The need for additional treatment needs to be based on current symptoms, progress, etc. As a result, the request for psychotherapy 1 time per week for 45 days is not medically necessary.