

Case Number:	CM14-0140515		
Date Assigned:	09/10/2014	Date of Injury:	03/23/2009
Decision Date:	10/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 42 year-old with a date of injury of 03/23/09. The most proximate progress report included that was associated with the request for services, dated 05/08/14, identified subjective complaints of pain in the cervical and lumbar spines. No psychological symptoms were documented. Objective findings included tenderness to palpation of the cervical and lumbar spines. Diagnoses included (paraphrased) lumbago and cervicgia. Treatment had included a rhizotomy as well as NSAIDs and oral analgesics. A Utilization Review determination was rendered on 08/28/14 recommending non-certification of "Individual psychotherapy, one time a week for 20 weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, one time a week for 20 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavior Therapy (CBT) Guidelines; Mental Illness and Stress; Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended. They are well-established diagnostic procedures for selected pain problems as well as widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment of pain. Specific steps are listed for treatment, but no frequency or duration of treatment is specified. The records indicate that weekly psychotherapy sessions have already been certified from March through September of 2014, and then tapering frequency over the next year and a half. Therefore, the record does not document the medical necessity for the current request.