

Case Number:	CM13-0002472		
Date Assigned:	11/27/2013	Date of Injury:	11/17/1999
Decision Date:	02/11/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Psychology and is licensed to practice in Texas. 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 physician 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.

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 patient is a 55-year-old male who reported an injury on 11/17/1999. The patient is currently diagnosed with cervical facet arthropathy, occipital neuralgia, lumbar degenerative disc disease, lumbar radiculopathy, and a comorbid history of addiction, bipolar disorder, and depression. The patient was seen by [REDACTED] on 11/19/2013. Physical examination revealed tenderness to palpation over the cervical paraspinal muscles overlying the facet joints, trigger points noted over the upper trapezius muscles, 2+ muscle spasm noted over the trapezius muscles, and normal cervical range of motion. Treatment recommendations included a psychologic Qualified Medical Evaluation supplemental report to address the patient's future access to pain psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One of psychotherapy for ten (10) sessions Qty: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2

weeks. As per the clinical notes submitted, the patient has previously participated in psychotherapy. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Furthermore, the request for 10 psychotherapy sessions exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Theracane Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As per the clinical notes submitted, the patient demonstrates tenderness to palpation, trigger points, and muscle spasm to the cervical spine. There is a lack of evidence-based medical guidelines demonstrating the requested durable medical equipment is efficacious in the treatment of this patient's medical condition. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.