

Case Number:	CM13-0005068		
Date Assigned:	11/08/2013	Date of Injury:	01/23/2009
Decision Date:	03/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/31/2013

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 licensed in Psychology and is licensed to practice in California. 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:

The claimant is a 47 year-old female with a date of injury of 1/23/09. The claimant sustained injury to her neck and arm. In the most recent PR-2 dated 1/28/14, physician assistant with a co-sign by [REDACTED], diagnosed the claimant with the following: (1) Chronic Pain Syndrome; (2) Degeneration of cervical intervertebral disc; (3) Depressive disorder NOS; and (4) Cervicalgia. In his PR-2 report dated 1/10/14, [REDACTED] diagnosed the claimant with: (1) Cervical disc disease w/myelopathy; (2) Cervical spondyl w/mylopathy; (3) Lesion of ulnar nerve; and (4) Acquired spondylolisthesis. In a 2011 report, [REDACTED] diagnosed the claimant with: Depressive disorder NOS with a rule out of Mood disorder due to hypothyroidism and/or menopause-depressive type. Because the psychiatric diagnosis was provided in 2011 and there is no current diagnosis offered, the claimant's medical diagnoses are most relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

skilled cognitive behavioral therapist visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The CA MTUS regarding the behavioral treatment of pain will be used as reference for this case. Based on the records that were offered for review, it does not appear that the claimant has received any psychological services. Although [REDACTED] and his colleagues have diagnosed the claimant with both a pain disorder and a depressive disorder, there is no recent psychological evaluation. The only psychological evaluation offered for review was completed in 2011, which is outdated. Prior to receiving any psychotherapy sessions, a thorough psychological assessment and evaluation should be conducted to determine further needs and offer recommendations. Without that evaluation, the request for psychotherapy is premature. As a result, the request for skilled cognitive behavioral therapist visits is not medically necessary.