

Case Number:	CM13-0023627		
Date Assigned:	11/15/2013	Date of Injury:	05/21/2006
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Board Certified in Psychologist, 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 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. 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 patient is a 56-year-old female who sustained an unspecified injury on 5/21/2006. According to a Primary Treating Physician's Progress Report, dated 10/4/13, by [REDACTED] the patient reports persistent neck pain radiating to the right upper extremity with a pain level of 8/10 which increases with weather change. Medications are reported to help her pain. She is noted to have difficulty sleeping secondary to pain and uses Flector patches for pain. [REDACTED] states that an MRI of the cervical spine that was done on 8/20/10 showed status post C5-6 fusion with associated metallic artifact with no obvious significant disc bulge, herniation, or stenosis noted. [REDACTED] reports that an AME done on 7/3/08 by [REDACTED] recommended future medical treatment with oversight of prescribed pharmaceuticals. The patient is prescribed hydrocodone and cyclobenzaprine. The patient is noted to be positive for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 8 and 9.

Decision rationale: On 7/1/13 [REDACTED], requested a pain psychology consultation plus 8 visits with [REDACTED] to help the patient deal with chronic pain issues, anxiety issues, and also to help her learn some relaxation techniques, and assist her to manage her medication use. The goal was stated to be for the patient to increase her activity level and decrease medication use. It was also noted that the patient had done some swimming over the weekend. In the most recent medical report, dated 10/4/13, the patient was noted to be positive for anxiety though no medical evidence was stated to support this diagnosis. Additionally, there was no specific information about the nature and extent of the patient's functional impairment other than an indication that the patient was experiencing difficulty sleeping secondary to pain.