

Case Number:	CM13-0026212		
Date Assigned:	03/17/2014	Date of Injury:	04/14/1999
Decision Date:	05/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 Board Certified in Psychologist 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 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 injured worker is a 54 year-old female who reported an injury on 04/14/1999 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, chiropractic care, epidural steroid injections, and cervical fusion from the C5-6 and again at the C6-7, multiple medications, and psychiatric support. The injured worker was evaluated on 08/15/2013. It was documented that the injured worker had ongoing complaints of depression, insomnia, anxiety, and cognitive impairment and memory loss with poor concentration due to chronic pain limitations. The injured worker's treatment recommendations included continuation of group therapy to reduce feelings of isolation, and continued individual psychotherapy to address coping mechanisms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO PSYCHO THERAPY SESSIONS 8/15/2013, 8/6/2013, 7/16, 7/25, 7/30, 7/3, 7/10, 7/11, 6/13, 6/18, 6/24, 6/4, 6/11, 6/13, 5/16, 5/21, 5/28/, 5/30, 5/2, 5/7, 5/16, 4/18, 4/23, 4/30, 4/4, 4/9, NOT MEDICALLY CERTIFIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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: The California Medical Treatment and Utilization Schedule recommends up to 10 visits of cognitive behavioral therapy to assist an injured worker in developing coping mechanisms related to chronic pain. However, the clinical documentation submitted for review does indicate that the injured worker has had ongoing psychiatric treatment for a significant amount of time. The evaluation dated 08/15/2013 documented that the injured worker had continued depressive, anxiety, and other pain related symptoms that interfered with her ability to return to work. Therefore, the efficacy of prior treatments cannot be established. As such, the Retro Psycho Therapy Sessions 8/15/2013, 8/6/2013, 7/16, 7/25, 7/30, 7/3, 7/10, 7/11, 6/13, 6/18, 6/24, 6/4, 6/11, 6/13, 5/16, 5/21, 5/28/, 5/30, 5/2, 5/7, 5/16, 4/18, 4/23, 4/30, 4/4, 4/9, not medically certified by physician advisor are not medically necessary or appropriate.