

Case Number:	CM13-0035291		
Date Assigned:	12/13/2013	Date of Injury:	08/01/2000
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 claimant is a 52 year-old female [REDACTED] with a date of injury of 8/1/00. The claimant sustained cumulative orthopedic injury to her back while working as a web editor for [REDACTED]. The claimant is diagnosed with: (1) Lumbar disc displacement without myelopathy; (2) Temporomandibular joint disorder; and (3) Long-term use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of cognitive behavioral therapy 1 x per week 12 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

Decision rationale: Given the claimant's medical diagnoses within the medical records, the CA MTUS guidelines regarding the behavioral treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant received previous psychotherapy services as part of a functional restoration program in 2012. Despite this, the claimant continues to experience distress related to her chronic pain and is also exhibiting symptoms of depression and anxiety (although a recent diagnosis of depression and anxiety cannot be found in the medical records). In his "Utilization Review Treatment Appeal" letter

dated 9/24/13, [REDACTED] presents an appropriate argument for the claimant to possibly resume psychological services. However, it is suggested that a thorough psychological evaluation be conducted in order to provide appropriate diagnostic information and subsequent treatment recommendations. Without a current psychological evaluation, the exact need for further treatment is unknown. Therefore, the request for "12 sessions of cognitive behavioral therapy 1 x per week 12 weeks as an outpatient" is premature and therefore, not medically necessary. It is suggested that future treatment requests follow the guidelines cited above regarding number of sessions and duration of time. It is noted that the claimant received a modified authorization for a psychology consult as a result of this review.