

Case Number:	CM13-0040818		
Date Assigned:	12/20/2013	Date of Injury:	10/13/1995
Decision Date:	02/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 55 year-old male (██████████) with a date of injury of 10/13/95. According to the notice of non certification report, the claimant was injured while working for ██████████ when he "was opening the truck of a car, which struck him while he was holding boxes resting against his chin". He sustained injuries to his neck and shoulders and has been treated via medications and surgery. He is diagnosed with: (1) status post cervical laminectomy X7 - anterior fusion; (2) cervical facet pain; and (3) chronic pain syndrome. He has also experienced psychiatric symptoms as a result of his work-related injury and has been diagnosed by ██████████ with: (1) Pain Disorder Associated with Chronic Pain and psychological Factors; and (2) Major Depressive Disorder, recurrent, severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy session (once every 2 weeks) and ff-up sessions:

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 Chronic Pain Medical Treatment Guidelines. Behavioral interventions (Chronic Pain Medical Treatm.

Decision rationale: The request for "cognitive behavioral psychotherapy sessions (once every 2 weeks) and ff-up sessions" is vague and does not indicate how many sessions are being requested and the approximate duration of services. As a result, it is difficult to determine the need for the services. Therefore, the request for "cognitive behavioral psychotherapy sessions (once every 2 weeks) and ff-up sessions" is not medically necessary. The CA MTUS recommends that for the behavioral treatment of pain, an "initial trial of 3-4 psychotherapy visits over 2 weeks" be provided and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 week (individual sessions)" may be needed. It is noted that the claimant did subsequently receive authorization for 10 CBT sessions prior to surgery and 4 sessions following his surgery.