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| Case Number: | CM13-0054235 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/09/2006 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 injured worker is a 61 year-old female () who sustained an injury on 8/9/06 to her neck and back. In his "Follow-Up Pain Management Consultation and Review of Medical Records" dated 9/18/14, the doctor offered the following diagnostic assessment: C5-6 and C6-7 anterior cervical discectomy and fusion, March 2009; bilateral upper extremity radiculopathy; L5-S1 posterior lumbar interbody fusion; bilateral lower extremity radiculopathy left greater than right; lumbar spinal cord stimulator implant, March 31, 2001; and medication-induced gastritis. It had also been noted in the 2013 records that the injured worker was exhibiting some symptoms of depression and anxiety secondary to her chronic pain. The request under review is from September 2013 and is for an initial trial of 10 CBT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral Interventions Page(s): 101-102, 23.

Decision rationale: The CA MTUS guideline regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the injured worker was referred to a psychologist in September 2013. In the doctor's "Follow-Up Pain Management Consultation and Review of Medical Records" dated 9/5/13, the doctor requested to refer the injured worker to a clinical psychologist to address her ongoing depressive symptoms and anxiety. The doctor also requested 10 cognitive behavior psychotherapy sessions. It does not appear that the injured worker followed-up with the referral as there are no records from the psychologist included for review. In the treating physicians "Follow-Up Pain Management Consultation and Review of Medical Records" dated 11/22/13 through 1/16/14, the doctor stated that the patient would hold from seeing the clinical psychologist, as she is doing much better now that her pain is well controlled with the spinal cord stimulator. Given that there is no psychological evaluation to offer more specific diagnostic information and appropriate treatment recommendations, this request is not medically necessary.