

Case Number:	CM13-0054347		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	05/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 53 year-old female who has a history of neck pain sustained in an injury in July of 2013. She has been tried on Pamelor and Neurontin. There is no known prior psychiatric history. Her neck pain has not improved with physical therapy. The provider is requesting 5 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY, ONE EVALUATION AND 4 SESSIONS:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions and Psychological Treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain interventions and Treatments, Psychological Evaluations Page(s): 100-102.

Decision rationale: The above referenced guideline indicates that psychological evaluation is recommended and that "Cognitive behavioral therapy (has) been found to be particularly effective". While CBT is recommended for appropriately identified patients a psychological evaluation would be indicated for the purpose of identifying if the patient is a candidate for CBT.

The most recent note from 12/5 indicates that the patient has improved and her prognosis is good but she remains significantly symptomatic. Thus a psychological evaluation and 4 CBT sessions appears to be appropriate in abetting the patient's recovery and return to functionality and is consistent with best practices a set forth in the Chronic Pain MTUS.