

Case Number:	CM13-0055120		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2003
Decision Date:	03/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 patient is a 48-year-old female who reported injury on 12/01/2003. The mechanism of injury was a motor vehicle accident. The patient had complaints of dizziness, muscle spasm, visual disturbance, anxiety, sleep disturbance, poor memory, lightheadedness, loss of appetite, indigestion, headache, and neck, low back, shoulder, bilateral arm, and bilateral leg pain. The most recent physical examination revealed tenderness and muscle guarding of the cervical paraspinal musculature bilaterally with multiple trigger points noted. There was tenderness and muscle guarding of the thoracic and lumbar paraspinal musculature bilaterally with point tenderness over the sacroiliac joint. Examination of the extremities revealed multiple trigger points in the forearm muscles and tenderness to palpation of those muscles. There was point tenderness over the sacroiliac joint. The patient's diagnoses were noted to include sacroiliac joint sprain, repetitive strain injury, lumbar strain, displacement of the lumbar and cervical intervertebral disc, temporomandibular joint dysfunction, cervicalgia, lumbago, and depression. The treatment plan included psychological counseling and a psychiatrist and narcotic medication for the pain

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Psychological Counseling Sessions(modified to 6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that an initial trial of 3 visits to 4 visits of psychotherapy over 2 weeks is appropriate for patients if there is a lack of progress from physical medicine alone. There was a lack of documentation indicating the patient had a failure to progress in physical medicine. Additionally, there was a lack of documentation indicating a necessity for greater than 4 sessions. The request per the physician was for psychological counseling and a psychiatrist and there was no indication the type of psychological counseling that was being requested. Given the above and the necessity for clarification, the request for Unknown Psychological Counseling Sessions (modified to 6 sessions) is not medically necessary.