

Case Number:	CM13-0055216		
Date Assigned:	06/09/2014	Date of Injury:	02/28/2009
Decision Date:	07/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/20/2013

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 claimant is a 58 year-old male (██████) with a date of injury of 2/28/09. The claimant sustained injury to his back, neck, bilateral lower extremities, and left upper extremity when he fell off a truck onto his back and arm. The claimant sustained this injury while working as a driver for ██████████. In his "Cognitive Behavioral Consultation and Request for Treatment" report dated 11/18/13, ██████████ diagnosed the claimant with: (1) Chronic pain syndrome; (2) Cervical sprains/strain and myofascial pain; (3) Cervical spine degenerative disc disease per MRI of 11/23/10; (4) Status post left ulnar fracture status post open reduction internal fixation and subsequent hardware removal; (5) Lumbar sprain/strain and myofascial pain; (6) Lumbar spine mild to moderate multilevel lumbar spine degenerative disc disease and facet arthropathy, no disc protrusion or extrusions, no significant foraminal or central canal narrowing per MRI of 11/23/10; and (7) Nonindustrial liver disease and cirrhosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR FOLLOW UPS (COGNITIVE BEHAVIORAL THERAPY): Overturned

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

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

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references in this case. Based on the review of the medical records, the claimant completed an evaluation with [REDACTED] on 11/18/13 in order to assess for psychosocial factors believed to be contributing factors to delayed recovery. This recommendation complies with the CA MTUS guidelines which recommend an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". As a result, the request for four follow ups (cognitive behavioral therapy) are reasonable and medically necessary.