

Case Number:	CM13-0058252		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2011
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 55-year-old female who reported an injury on 08/20/2011 after she injured her low back due to lifting a tray. The injured worker's treatment history included physical therapy, acupuncture, epidural steroid injections, medications, and psychiatric support. The injured worker was evaluated on 08/14/2013 by a clinical psychologist. It was documented that the injured worker had continued cognitive and behavioral deficits that were interfering with the injured worker's recovery. Cognitive behavioral therapy was recommended. The injured worker was evaluated on 09/30/2013. It was documented that the injured worker had been attending psychological support that was assisting with symptom resolution. The injured worker was again evaluated in 10/2013. However, the effectiveness of treatment cannot be determined as a different testing mechanism was used for the injured worker. The request was made for 8 additional sessions of psychiatric treatment, as it was documented that the injured worker continued to have psychological deficits that would delay recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PSYCHIATRIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioural Interventions Page(s): 23.

Decision rationale: California Medical Treatment and Utilization Schedule recommends up to 6 to 10 visits of cognitive behavioral therapy with evidence of objective functional improvement. The clinical documentation submitted for review does indicate that the injured worker received psychiatric treatment between 08/2013 and 10/2013. However, the number of visits was not clearly provided within the documentation. Additionally, the psychological testing performed in 08/2013 consisted of a Personality Assessment Inventory, a Beck Depression Inventory, and a Beck Anxiety Inventory. The injured worker was then evaluated after psychological treatment in 10/2013 with the following measures: a Mind Over Mood Anxiety Inventory, a Mind Over Mood Depression Inventory, Hamilton Anxiety Rating Scale, and Hamilton Depression Rating Scale. A correlation between the different testing mechanisms is not possible. Therefore, the effectiveness of the injured worker's treatment cannot be determined and the need for additional cognitive behavioral therapy cannot be determined. As such, the requested eight (8) sessions of psychiatric treatment are not medically necessary or appropriate.