

Case Number:	CM13-0060064		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2003
Decision Date:	05/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 53-year-old female who reported a work-related injury on 05/13/2003 while cleaning under a bedside table; the injured worker hit her head on the table. The injured worker has undergone conservative treatment to include physical therapy and medication management. She also underwent cervical surgery and a scalenectomy in 2005 and has also undergone epidural injections and an MRI and EMG. The injured worker underwent an anterior and posterior L4-5 decompression and fusion in 2007. A request was made for continued sessions with a psychologist (stress); number of sessions not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED SESSIONS WITH A PSYCHOLOGISTS (STRESS) NUMBER OF SESSIONS NOT PROVIDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN, PAGE 23.

Decision rationale: According to the most recent clinical note dated 10/21/2013, the injured worker returned for follow-up to discuss medications. Physical exam revealed the injured worker had a normal appearing gait and guarded lumbar range of motion with tenderness to palpation in the lumbosacral spine. Sensory and motor examination of the lower extremities was intact. The injured worker had mild to moderate abdominal distension. The impression was noted as status post lumbar fusion. The clinical note dated 11/05/2013 stated that the injured worker was distraught and in a panic over the thought or possibility that the inflammatory bowel medication may not be certified. It was noted that the injured worker's inflammatory bowel syndrome symptoms had returned and was unable to work. A request was made for follow-up with psychology to help manage the injured worker's expressions of suicidal ideation on this matter. California Medical Treatment Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions. There was no documentation stating the number of psychology sessions the injured worker has undergone. In addition, the efficacy of these sessions was not noted as there was no clinical documentation submitted from the injured worker's psychologist. Furthermore, the number of sessions requested was not provided in the request. Given the above, the decision for continued sessions with a psychologist (stress); number of sessions not provided is non-certified.