

Case Number:	CM13-0063382		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2009
Decision Date:	05/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/10/2013

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 54-year-old female who reported an injury on 1/4/09. The mechanism of injury was not provided in the medical records. Her symptoms included pain to the entire body - posterior and anterior pain. She described her pain as sharp, achy, and pins and needles. The injured worker rated her pain at a 7/10. The injured worker also complained of joint pain, joint swelling, and morning stiffness. The injured worker noted a decrease in activities of daily living. The injured worker was taking her medications as prescribed. Examination of the paravertebral muscles of the cervical spine, revealed tenderness on both sides. The injured worker was noted to have 5/5 strength in all major muscle groups. Sensation was intact to light touch and pinprick. Reflexes were equal and symmetric bilaterally in the upper and lower extremities. The injured worker was also noted to have positive anxiety, depression, and mood swings. Her current medications included Omeprazole, diazepam, sertraline HCL, Lidoderm 5% patch, Senokot-S, and Norco 10/325mg. Past medical treatment included a home exercise program and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH TREATMENT ONCE A MONTH FOR SIX MONTHS AND WEEKLY CERVICAL/LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS guidelines, psychological treatment is recommended for patients during the treatment of chronic pain. Psychological interventions for chronic pain include setting goals, determining the appropriateness of treatment, conceptualizing a patient's pain relief and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders, such as depression, anxiety, panic disorder, and posttraumatic stress disorder. The Official Disability Guidelines state that initial therapy for these at risk patients should be physical medicine or exercise instruction, using a cognitive motivational approach to physical medicine. The guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5- 6 weeks may be authorized. The documentation submitted for review indicated that the injured worker had previous psychotherapy visits; however, the specific number of visits was not provided. Therefore, it is unclear as to whether the patient has exceeded the recommended number of 10 visits. The documentation also failed to provide evidence of objective functional improvement made throughout the sessions. Therefore, the request for additional psychotherapy sessions is not supported. Additionally, the request as submitted exceeds the guideline recommendations of 10 visits and the request for weekly cervical/lumbar is unclear; therefore, the request is not supported. Given the above, the request is non-certified.