

Case Number:	CM14-0000616		
Date Assigned:	01/10/2014	Date of Injury:	04/09/2007
Decision Date:	06/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 59-year-old female with a date of injury of 4/9/07. The claimant sustained an injury when she was lifting a heavy box and it began to fall, resulting in twisting of the back and left knee. She sustained these orthopedic injuries while working. In his patient progress note dated 1/2/14, the treating physician diagnosed the claimant with degeneration of cervical intervertebral disc. Additionally, in a "Visit Note- Psychology follow-up" dated 11/20/13, the Marriage and Family Therapist diagnosed the claimant with: (1) Lumbago; (2) Lumbar/Lumbosac disc degeneration; (3) Myalgia and myositis NOS (not otherwise specified); (4) Joint pain-Left/leg; (5) Anxiety State NOS (not otherwise specified); (6) Depressive disorder NEC (not elsewhere classified); and (7) Postsurgical states NEC (not elsewhere classified).

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL TREATMENT FOR PATIENT AND FAMILY FOR THIRTY (30) MINUTES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE BEHAVIORAL THERAPY (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS, Page(s): 23. Decision based on Non-MTUS Citation

OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT)
FOR CHRONIC PAIN.

Decision rationale: According to the Marriage and Family Therapist's note dated 11/20/13, the claimant had completed eight (8) of eight (8) psychotherapy sessions and that the overall progress was "fair." This note follows the second set of eight (8) authorized visits for a total of sixteen (16) visits. In the previous "Visit Note- Psychology follow-up" dated 9/5/13, the claimant's progress was reported as "average" as the claimant had "made progress in several areas and her level of functioning has improved somewhat." It appears that the claimant's progress has diminished following the additional eight (8) sessions. The Official Disability Guidelines indicate that for the treatment of chronic pain there should be an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to six-to-ten (6-10) visits over five-to-six (5-6) weeks (individual sessions)" may be necessary. Based on the Chronic Pain Guidelines, the claimant has already utilized more sessions than recommended, and her objective functional improvements have been minimal/limited. Additionally, the request for "Psychological treatment for patient and family for 30 minutes" is vague as it does not indicate how many sessions are being requested nor the period of time for which the sessions will occur. As a result of the aforementioned, the request for "Psychological treatment for patient and family for 30 minutes" is not medically necessary.