

Case Number:	CM14-0004548		
Date Assigned:	02/05/2014	Date of Injury:	12/14/2011
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 male who reported an injury on 12/14/2011. He reportedly was on top of a truck six or seven feet off the ground, when he slipped on ice and fell to the ground and down a short flight of stairs. The clinical note dated 01/17/2014 reported that upon raising from a slooped position the injured worker feels faint, vision diminishes, or he goes blind for a few seconds. He is also having shoulder pain with movement. The physical exam noted right shoulder pain, cervical pain, postural hypotension, anxiety and insomnia. The provider recommended 12 additional individual psychotherapy visits. The request for authorization form is dated 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL INDIVIDUAL PSYCHOTHERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC PAIN Page(s): 23.

Decision rationale: The request for 12 additional psychotherapy visits is non-certified. The California MTUS guidelines recommend a psychotherapy referral after a 4 week lack of progress

from physical medicine alone. An initial trial of 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. According to the treatment update dated 12/03/2013 the injured worker has completed 21 sessions of therapy to date. The request for 12 additional sessions combined with prior treatment exceeds the recommendations of the guidelines. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. Therefore, the request is non-certified.