

Case Number:	CM14-0019704		
Date Assigned:	05/09/2014	Date of Injury:	11/03/2003
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 54 year-old female with a date of injury of 11/3/03. The claimant sustained injury to her neck while working for [REDACTED]. In his Workers Compensation Permanent and Stationary Report dated 9/18/13 and in all subsequent PR-2 reports, [REDACTED] diagnosed the claimant with cervical degenerative disc disease, cervical disc herniation at C5-6, right cervical radiculopathy, and status post anterior cervical spinal fusion at C4-5 as of 9/13/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY X 6: Upheld

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

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

Decision rationale: Based on a review of the medical records, the claimant continues to experience chronic pain despite both conservative and more invasive treatments (fusion). In his 11/13/13 PR-2 report, [REDACTED] reported that the claimant reports poor sleep and increased general anxiety. The California MTUS indicates that for the treatment of chronic pain, there is to be an initial trial of 3-4 psychotherapy visits over 2 weeks and, with evidence of objective

functional improvement, a total of up to 6-10 visits over 5-6 weeks may be necessary. Based on this guideline, the request for six sessions exceeds the total number of initial sessions. As a result, the request is not medically necessary.