MAXIMUS Federal Services

Case Number:	CM14-0110473		
Date Assigned:	08/01/2014	Date of Injury:	03/16/2010
Decision Date:	09/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/16/2014

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 Psychologist 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 51-year-old female who reported an injury on 03/16/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/01/2014 indicated the injured worker reported chronic pain, osteoporosis, feeling hopeless, and helpless. On physical examination, the provider reported the injured worker was noted to be depressed, having trouble with coping, and reduced mobility. The injured worker's treatment plan included finding recommendations as majority of the injured worker's pain was currently from the lower lumbar. The clinical note dated 07/15/2014 indicated the injured worker had been to counseling twice monthly since 07/2014 and was suffering primarily from depression related to chronic severe pain and symptoms of anxiety. The injured worker reported she had been attempting to obtain treatment and rebuild her life following her work-related injury. The injured worker reported she suffered from hopelessness and loss of control and cried often and found herself isolated from family and friends. The injured worker reported many days she was in such severe pain that she did not provide self care or meal preparation. The injured worker reported she relied on her husband and adult children to assist her while driving, keeping appointments, shopping, house cleaning, and meal preparation. The injured worker reported in counseling, she worked on issues of hopelessness, discussed her concerns, and worked through her pain at the many losses she was experiencing. She was learning to accept her physical limitations and rebuild her life. The injured worker's prior treatments included psychological sessions. The provider submitted request for psychological session. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological sessions (cervical, lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): page 23.

Decision rationale: The request for Psychological sessions (cervical, lumbar) is non-certified. The California MTUS Guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Cognitive Behavioral Therapy (CBT) guidelines for chronic pain require the patient to be screened for risk factors of delayed recovery, including fear avoidance beliefs. Initial therapy should include using a cognitive motivational approach with physical medicine for exercise instruction. If the patient lacks progress with physical medicine, consider a separate psychotherapy CBT referral after 4. Although the injured worker reported working on issues of hopelessness and discussing her current concerns in counseling, there is lack of documentation of functional improvement. In addition, the request did not indicate a time frame for additional sessions. Therefore, per the guidelines, the request is non-certified.