MAXIMUS Federal Services

Case Number:	CM14-0121079		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2003
Decision Date:	09/18/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 48-year-old male who reported an injury on 04/04/2013 while working as an animal controller. He picked up a pig which resulted in further agitation of symptoms related to his lower back. The injured worker had a history of neck and lumbar pain. The diagnoses included status post cervical surgery, right shoulder tendinosis, lumbar degenerative disc disease, poor coping, and cervical and lumbar radiculopathy. The medications included MS-Contin 15 mg and Lunesta 3 mg. The MRI of the cervical spine dated 07/10/2014 revealed prior anterior cervical discection fusion at the C5 to the C7, degenerative changes of the cervical spine at the C4-5 with mild to moderate spinal canal stenosis with indentation on the ventral aspects of the cord and C5-6 with mild spinal canal stenosis with mild bilateral neural foraminal narrowing. The prior treatments included chiropractic treatment for the neck, back, and shoulder in 2003. The injured worker rated his pain as 7/10. The injured worker was under the care of a licensed neuropsychologist. The 06/02/2014 evaluation from the psychologist included frequent bouts of sadness and anger with some frustration and anger over concerns of his report. However, the injured worker does not want any psychotropic medication. The Request for Authorization dated 06/23/2014 was submitted with the documentation. The rationale for the psychotherapy was because the injured worker was making progress in his mood management but maintained a risk of escalation of symptoms with high level stressors.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY SESSION (CBT) OVER 6 MONTHS QTY 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG biofeedback therapy.

Decision rationale: The request for additional Psychotherapy sessions (CBT) over 6 months QTY: 6 is non-certified. The California MTUS indicates that screening for the injured worker's with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. The initial therapy for these "at risk" injured worker should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker may continue biofeedback exercises at home. Per the clinical notes the injured worker continues to struggle and have mood symptoms, in which is not showing functional improvement. The injured worker did not want psychotropic medication indicating lack of motivation. The documentation was not evident of any circumstance that warrant additional therapy. As such, the request is not medically necessary.