

Case Number:	CM14-0138586		
Date Assigned:	09/05/2014	Date of Injury:	02/14/2006
Decision Date:	10/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 65-year-old male who reported an injury on 02/14/2006. The mechanism of injury involved repetitive activity. Current diagnoses include cervical radiculitis and herniated disc in the cervical spine. Previous conservative treatment is noted to include physical therapy, injections, medication management, and psychotherapy. The injured worker was evaluated on 06/30/2014 with complaints of persistent neck pain with radiation into the upper extremities. The injured worker also reported complaints of depression. Physical examination revealed positive tenderness to palpation with decreased range of motion and positive Spurling's maneuver. Treatment recommendations included continuation of the current medication regimen and psychotherapy twice per week for 3 months. A Request for Authorization form was submitted on 07/24/2014 for psychotherapy twice per week for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 psychotherapy sessions: Upheld

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

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the documentation submitted, the injured worker has previously participated in psychotherapy. There is no documentation of objective functional improvement. The current request for 24 sessions of psychotherapy greatly exceeds guideline recommendations. As such, the request is not medically appropriate.