

Case Number:	CM14-0159654		
Date Assigned:	10/03/2014	Date of Injury:	05/29/2008
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 35-year-old female who reported injury on 05/29/2008. The mechanism of injury was not provided. The diagnosis included cervicalgia. Prior therapies included a cervical radiofrequency ablation. The injured worker had a left shoulder surgery in 03/2009. The injured worker underwent an MRI of the cervical spine. Prior treatments included acupuncture and therapy. The documentation of 09/02/2014 revealed the injured worker had difficulty remembering things and was making mistakes at work. The injured worker reported having depressive symptoms. The injured worker was tearful during the office visit secondary to depressive symptoms. The physical examination revealed the injured worker was alert and oriented x3. The injured worker did not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. The injured worker's medications included Lidoderm 5% patches apply 1 every 12 hours, Protonix DR 20 mg tablet, Maxell MLT 10 mg tablets, Flexeril 5 mg tablets, Voltaren 1% gel, Butrans 10 mcg per hour patch, trazodone 50 mg #90, Etodolac 200 mg capsules, Gabapentin 600 mg, albuterol 90 mcg inhaler mcg per actuation, and Qvar 80 mcg inhaler mcg per actuation. The treatment plan included a psychology consult and 12 follow-up visits with a psychologist. The documentation indicated the injured worker required cognitive behavioral therapy and the request was made for psychological consultation and 12 sessions of cognitive behavioral therapy. The documentation indicated the injured worker's depressive symptoms were worsening. There was a Request for Authorization submitted for review. There was a documented rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Follow up Visits with the Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines indicate that behavioral interventions are recommended when injured workers have been screened with risk factors for delayed recovery, including fear avoidance beliefs. There should be consideration of separate psychotherapy cognitive behavioral therapy referral after 4 weeks if there is a lack of progress from physical medicine alone. There is an initial trial of 3 - 4 psychotherapy visits. The clinical documentation submitted for review indicated the request was made for cognitive behavioral therapy. There was a lack of documentation indicating the injured worker had been screened for factors for delayed recovery including fear avoidance beliefs. Additionally, the request was submitted with a request for a psychological consult. The treatment would be decided at that time. There was a lack of documentation to support a necessity for 12 visits. Given the above, the request for 12 Follow up Visits with the Psychologist is not medically necessary.