

Case Number:	CM14-0173922		
Date Assigned:	10/27/2014	Date of Injury:	06/02/2010
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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 licensed 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 47 year-old female (██████████) with a date of injury of 6/2/10. The claimant sustained injury to her head when she stood up and the right top part of her head hit against a pallet that was sticking out while working for ██████████. In his PR-2 report dated 8/15/14, ██████████ diagnosed the claimant with: (1) Headache; (2) Cervicalgia; and (3) Unspecified visual disturbance. It is also reported that the claimant has developed psychiatric symptoms. According to the UR letter #195381 dated 10/6/14, the claimant "had a neuropsychological evaluation and was diagnosed with adjustment disorder and dementia due to head trauma. She had an AME evaluation and one of the diagnoses, per the note of 9/23/14, was hypochondriasis/malingering." The letter also indicates that the claimant had been seen by ██████████ in September 2014. Unfortunately, there were no psychological records submitted for review to confirm any of this information.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Behavioral Interventions.

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

Decision rationale: The CA MTUS regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the limited medical records, the claimant continues to be symptomatic. Unfortunately, there were no psychological records included for review. Without information about prior psychological evaluations and/or services that have already been completed, the request for psychotherapy sessions cannot be determined. As a result, the request for "6 Cognitive Behavioral Therapy Visits" is not medically necessary.