

Case Number:	CM14-0173955		
Date Assigned:	10/27/2014	Date of Injury:	09/08/2014
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, has a subspecialty in Health Psychology and pain management 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:

According to the records provided for this IRM, this patient is a 59-year and 11 months old female who reported a work-related injury on September 8, 2014 when she sat down in a chair that went out from behind her, resulting in her falling on her back and hitting her head, back of the neck, shoulders, and low back. She reported pain radiating towards the shoulders bilaterally worse on the left and upon examination her thoracic spine showed mild tenderness to palpation bilaterally. She reported dizziness with rapid head movement. She was diagnosed with neck muscle strain, head contusion, vertigo. A week later she reported head pain, bilateral neck and shoulder pain, dizziness and rooms spinning sensations and a new complaint of low back pain. There is a long-standing pre-existing the knee problem for which she uses a cane. This injury has aggravated her knee pain. A request was made for: "CBT or psychology evaluation x1" the request was denied; with the UR rationale stated as: "the history and documentation do not objectively support the request for a CBT or psychological evaluation at this time. Is not clear what the goals may be and I was unable to obtain clarification as to which (treatment the doctor) actually is requesting. The medical necessity of this request as submitted has not been clearly demonstrated." This Independent Medical Review (IMR) will address a request to overturn the Utilization Review (UR) denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT or psychology eval x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG-Pain, CBT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluation;; cognitive behavioral therapy Page(s): 100-1.

Decision rationale: Although the MTUS recommends psychological evaluations as being "generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations," the provided medical records do not support the requested interventions as being medically necessary. There was no statement or rationale for the request. The medical records do not reflect psychological symptomology that requires treatment: there was no mention of any psychological symptoms. At the time that the request was made, there did not appear to be any evidence of delayed recovery reflected in the records. In addition, the request itself is unclear as it is combining two different treatment modalities. Utilization review determination did not provide clarification of the request. The request for cognitive behavioral therapy does not contain a quantity of sessions being requested. The start of a new course of cognitive behavioral therapy initially requires a brief trial of 3 to 4 sessions. The requested treatment was open-ended and non-specific. As stated above with respect to the request for psychological evaluation, it is unclear why cognitive behavioral therapy would be recommended at this time and there insufficient evidence to support the treatment modalities being medically necessary. The request is not medically necessary and appropriate.