MAXIMUS Federal Services

Case Number:	CM14-0022903		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2006
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 39-year-old male who reported an injury on 01/19/2006. The mechanism of injury was a 20 foot fall onto concrete while working. The clinical note dated 08/12/2013 noted the injured worker presented with pain in his right foot, bilateral knee pain, and weakness. Upon examination of the knees, there was no patellofemoral crepitation in either knee, no redness or warmth, tenderness of the medial joint line, minimal tenderness at the patellofemoral joint bilaterally, positive McMurray's sign to the right knee, and tenderness over the medial tibial plateau and medial femoral condyle of the left knee. The diagnoses were thoracolumbar pain secondary to musculoligamentous sprain/strain of the right transverse process fractures, neck pain with associated headaches secondary to cervical musculoligamentous sprain/strain, pelvic injury, healed fracture of the radial head/neck, right wrist pain secondary to musculoligamentous sprain/strain, right shoulder pain secondary to musculoligamentous sprain/strain, bilateral knee symptoms, loss of libido, chronic neurogenic pain syndrome typical of pelvic ring disruption, diabetes mellitus, bilateral meralgia paresthetica due to weight gain from enforced inactivity due to the orthopedic residuals of the above, bilateral cubital tunnel syndrome, dental injury, and history of neglected right 5th metatarsal fracture. Other therapies included medication and therapy. The provider recommended 8 psychological counseling sessions. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PSYCHOLOGICAL COUNSELING SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 8 psychological counseling sessions is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline to which to assess improvements during therapy. The request for 8 sessions of psychological counseling exceeds the recommendations of the guidelines. The provider did not indicate the frequency for the therapy sessions in the request. As such, the request is not medically necessary.