

Case Number:	CM14-0025642		
Date Assigned:	06/13/2014	Date of Injury:	02/27/2009
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 50 year-old female (██████████) with a date of injury of 2/27/09. The claimant sustained injury while working for ██████████. The mechanism of injury and the exact injuries were not found within the minimal medical records submitted for review. In the most recent Internal Medicine Reexamination and Supplemental Report/Authorization Request dated 5/8/14, ██████████ offered the following clinical impressions: (1) Left shoulder injury, status post three left shoulder surgeries, latest surgery on 3/6/13 by ██████████; (2) Persistent left shoulder impingement syndrome; (3) Complaint of headaches with dizziness; (4) lumbar disc disease; (5) Hypertension; (6) Gastroesophageal reflux disease; and (7) Right knee chronic sprain and medial meniscal injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102 , 23.

Decision rationale: The CA MTUS guidelines for the psychological treatment and behavioral interventions for chronic pain will be used as references for this case. Based on the minimal medical records submitted for review, the claimant continues to experience chronic pain. However, there were no psychological records submitted and no mention of psychiatric symptoms within the reports reviewed. Without sufficient information to review, the need for psychological services cannot be determined. As a result, the request for cognitive behavioral group psychotherapy 1 x 6 is not medically necessary.

RELAXATION TRAINING (MANAGE STRESS AND/ OR LEVELS OF PAIN) 1 X 6:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) ODG-TWC, Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102, 23.

Decision rationale: The CA MTUS guidelines for the psychological treatment and behavioral interventions for chronic pain will be used as references for this case. Based on the minimal medical records submitted for review, the claimant continues to experience chronic pain. However, there were no psychological records submitted and no mention of psychiatric symptoms within the reports reviewed. Without sufficient information to review, the need for psychological services cannot be determined. As a result, the request for relaxation training (manage stress and/ or levels of pain) 1 x 6 is not medically necessary.

PSYCHIATRIC VISITS (FREQUENCY NOT SPECIFIED) 1 X 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Office visits.

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for the case. Based on the minimal medical records submitted for review, the claimant continues to experience chronic pain. However, there were no psychological records submitted and no mention of psychiatric symptoms within the reports reviewed. Without sufficient information to review, the need for psychiatric services cannot be determined. As a result, the request for psychiatric visits (frequency not specified) 1 x 4 is not medically necessary.