

Case Number:	CM14-0026167		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2009
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
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 Psychiatry, has a subspecialty in Neurology 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 38 year old female whose date of injury is 03/07/09. She slipped and fell forward, striking her face on the floor. She is status post anterior cervical decompression and fusion at C4-5 and C5-6 on 01/22/13. Note dated 12/23/13 indicates that the injured worker is wearing an Aspen collar. She is utilizing Vicodin and Naprosyn. The injured worker complains of neck pain. Impression is neck pain and cervical radiculopathy. Follow up note dated 06/16/14 indicates that she complains of neck and low back pain. She is taking Norco and using Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGIST CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Lumbar Chapter and Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 137.

Decision rationale: Per qualified medical re-evaluation dated 03/17/14, she was recommended to undergo evaluation as she appears to be struggling with both anxiety and depression. She presents herself as depressed. Therefore, psychologist consult is appropriate at this time and in accordance with ACOEM guidelines to aid in the diagnosis/prognosis of this injured worker. The consult is appropriate to establish a working diagnosis and individualized treatment plan for this injured worker. Therefore, the request for Psychologist Consult is medically necessary.

COGNITIVE BEHAVIORAL THERAPY ONCE A WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Lumbar chapter and Official Disability Guidelines (ODG), Psychotherapy Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for cognitive behavioral therapy once a week for 12 weeks is not recommended as medically necessary. The requested cognitive behavioral therapy is premature pending completion of an initial psychological evaluation to establish a working diagnosis and individualized treatment plan. Additionally, the request is excessive as CA MTUS guidelines support an initial trial of 3-4 visits. Therefore, the request is not medically necessary.