

Case Number:	CM14-0030791		
Date Assigned:	06/20/2014	Date of Injury:	03/06/2003
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 52-year-old male who reported an injury on 03/06/2003. The mechanism of injury was not provided. The clinical note dated 08/20/2013 noted the injured worker presented with constant neck pain that radiated through the bilateral shoulders down his arms with numbness and tingling in both of his hands. The left arm often falls asleep and his right becomes cold. He had ongoing right shoulder pain that was worse with any type of reaching, pushing, or pulling and continued to have middle and low back pain as well as right knee pain. He reported sharp pain in his right heel and calf and burning pain on the bottom of his left foot, and developed numbness and tingling with walking. He also reported complaints of memory issues, sleep issues, escalating pain, and believes this is due to worsening of cervical and lumbar spine conditions. Diagnoses were hemorrhoidectomy, bowel obstruction presumably due to opioid use, splenectomy in 1994 after a motor vehicle accident, and a myocardial infarction status post stent 3 months after cervical fusion in 2008. Prior treatment included low back surgery, neck surgery, and medications. The pain psychologist noted that he was not motivated to participate in the functional restoration program or to come off his medications, he remained focused on using his medications and any type of intervention which would take the pain away. There was significant stress at home, had been through counseling with his wife, and recognized that higher levels of pain led to increasing anger and changes in his behavior. He remained focused on getting rid of his pain and not managing it, he exhibited anger towards previous providers and the carrier, and endorsed all symptoms of depression except suicidal ideation. The provider recommended a psychological treatment 2 times a week for 3 weeks. The provider's rationale was not provided. 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:

Psychological Treatment two (2) times a week times three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG) Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Guidelines Page(s): page 23.

Decision rationale: The request for psychological treatment 2 times a week for 3 weeks is non-certified. 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 improvement, 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 the baseline by which to assess improvements during therapy. The request for individual psychotherapy 2 times a week for 3 weeks exceeds the recommendations of the Guidelines. As such, the request is non-certified.