

Case Number:	CM14-0031056		
Date Assigned:	06/20/2014	Date of Injury:	01/13/2006
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 61 year old female who reported an injury on 01/13/2006 due to attempting to perform a take down maneuver as a martial arts technique. The injured worker was being treated for anxiety, depression and periods of extreme anger as a result of injuries. Physical examination on 08/12/2013 revealed right side partially torn rotator cuff, lower back disc herniations, adhesive capsulitis right shoulder, chronic severe cervical strain and disc herniations with cord compression, chronic severe lumbosacral strain with right myelopathy, recurring idiopathic chronic pain syndrome, C3 vertebral body marrow displacement, degenerative disc disease, fibromyalgia, right knee lateral patellar subluxation chondromalacia patella. The injured worker had past psychotherapy sessions and has been hospitalized twice most recently 08/16/2013. Most recent psychiatric progress report was dated 02/12/2014 which revealed she was unable to meet her goal for alteration in mood and improving her ability to identify triggers to increased depression, anxiety and anger. Medications were not reported. Diagnostic studies were not submitted. Treatment plan was to follow with an intensive outpatient therapy three times a week for six weeks. The rationale was not submitted for review. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive outpatient therapy three (3) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: The request for intensive outpatient therapy three times a week for six weeks is non-certified. The injured worker shows improvement. She admitted to alcohol abuse and marijuana use in the past. Medications currently being taken for depression and anxiety were not reported or noted improvement was not reported. There was no rationale as to why the injured worker needs such intensive therapy. The document submitted is lacking information such as diagnostic studies, medications tried and failed, physical therapy reports, a more detailed psychological evaluation. California Medical Treatment Utilization Schedule suggests see psychological tests commonly used for chronic pain patients. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. The document submitted for review lacks information. Therefore, the request is non-certified.