

Case Number:	CM14-0034350		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2011
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 50-year-old with a reported date of injury on January 19, 2011. The mechanism of injury was a motor vehicle accident. The injured worker presented with chronic neck pain. The clinical documentation indicated the injured worker reported depressive symptoms, but denies suicidal ideation. The injured worker rated her pain at 7/10 with medications. According to the clinical information provided, the injured worker was status post C5-7 anterior cervical discectomy and fusion. The psychological evaluation dated January 6, 2014 indicated that the injured worker indicated symptoms of depression and anxiety. The injured worker stated "I feel like I can't do the things I used to do and everything has gone to shit". The clinical information indicated the injured worker previously participated in psychological treatment prior to the injury, and found psychological treatment to be helpful in the past. The psychological evaluation revealed depression, generalized anxiety disorder, pain disorder, and psychosocial environmental problems. The injured worker's diagnoses included cervical postlaminectomy syndrome, ulnar nerve lesion, depression, and generalized anxiety disorder. The injured worker's medication regimen included fentanyl patch, Prozac, and Valium. The Request for Authorization for psych sessions, quantity of twelve, was not submitted. The physician indicated that the request for the evaluation was for the management of the injured worker's antidepressant medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche sessions, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately-identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes the setting of goals, determining appropriateness for treatment, conceptualizing a patient's pain beliefs and coping skills, assessing psychological and cognitive function, and addressing comorbid mood disorders. The role of the psychologist is to include education and training of pain care providers and how to screen for patients that may need early psychological interventions. Injured workers who experience pain and disability after the usual time of recovery should consult with a psychologist for screening, assessment of goals, and further treatment options, including brief individual or group therapy. According to the clinical documentation provided for review, the injured worker has returned back to work. In addition, the clinical information indicates the injured worker has previously undergone psychotherapy. There was a lack of documentation related to the psychological treatment being based on the treatment for chronic pain. In addition, the documentation lacks goals determining appropriateness of treatment and conceptualizing the patient's pain beliefs and coping styles. Additionally, the guidelines state that psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. According to the clinical documentation provided for review, the injured worker has returned to work. The request for twelve psychiatric sessions is not medically necessary or appropriate.