

Case Number:	CM14-0038685		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2011
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 60-year-old male who reported an injury on 11/07/2011. The mechanism of injury was not stated. Current diagnoses include post cervical laminectomy syndrome, cervical facet syndrome, and cervical radiculopathy. The injured worker was evaluated on 01/08/2014 with complaints of 8/10 pain. Previous conservative treatment includes physical therapy, acupuncture, medication management, a cervical epidural steroid injection, and psychotherapy. The current medication regimen includes Norco 10/325 mg, Ambien CR 6.25 mg, Wellbutrin XL 150 mg, and Flexeril 10 mg. Physical examination on that date revealed a loss of normal cervical lordosis, an anterior surgical scar, limited cervical range of motion, tenderness to palpation, tight muscle band and trigger points, hypertonicity, positive Spurling's maneuver, tenderness over the facet joints at C4 and C5, diminished strength in the upper extremities, positive Neer and Hawkins testing in the right shoulder, positive Speeds testing, positive O'Brien's testing, and decreased sensation in the upper extremities. Treatment recommendations at that time included trigger point injections in the cervical paraspinals and upper trapezius, a right shoulder MRI, and 12 additional sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional sessions of psychotherapy: Upheld

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

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has completed an initial course of psychotherapy. However, there was no documentation of objective functional improvement that would warrant the need for additional treatment. As such, the request is not medically necessary.