

Case Number:	CM14-0038778		
Date Assigned:	06/27/2014	Date of Injury:	05/18/2001
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. 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:

Based on the records provided for this independent medical review, this patient is a 60 year old female who reported in an industrial / occupational work related injury on May 18, 2001. The nature of the injury was not included in the documentation provided. She reports substantial pain her left neck shoulder area and she has cervicogenic headache as well as neck pain and depression/ insomnia and she is status post 2 cervical spine surgeries. A request was made for psychological evaluation and 4 sessions of psychological treatment. This request was non-certified, this independent medical review will address a request to overturn the treatment denial decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych treatment: evaluation and four visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, cognitive behavioral therapy page 23 and psychological evaluations Page(s): 100.

Decision rationale: It appears that a modification of the request was provided that allows for the evaluation only and that the treatment plan should follow from the evaluation and be informed by it. While it is ideal complete the psychological assessment before the start of treatment to clarify diagnosis and treatment goals/objectives it is not required to do so. According to MTUS guidelines for psychological treatment and evaluation both are recommended procedures for carefully screened patients. Because the psychological evaluation can sometimes take up to a take quite a while to complete, the process of waiting until it is completed in order to start treatment is unduly long and potentially creates a substantial burden on the injured worker. In addition, a psychological evaluation is not required for treatment but optional. What is required however is that the initial request for treatment be done according to the MTUS guidelines which states that 3-4 sessions should be offered initially and that additional sessions would be available contingent on the outcome of this initial block of sessions, these are considered to be a treatment trial to determine patients response and any outcome must be fully documented. This request for four sessions is within the appropriate number of sessions as dictated by the MTUS therefore the decision of this independent medical review is to overturn the non- certification treatment denial and to allow for the four sessions to commence immediately even if the assessment has not been completed. Therefore the request is medically necessary.