

Case Number:	CM14-0073559		
Date Assigned:	07/16/2014	Date of Injury:	04/20/2012
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

According to the records that were provided for this independent medical review, this patient is a 41 year-old male who reported an industrial/occupational work-related injury on April 20, 2012. The injury reportedly occurred during his normal work as a foreman/plasterer while he was pulling a hose that pumps cement forcibly and developed acute onset of pain in his mid-low back, right shoulder, right elbow, and right hip/groin. His medical diagnoses include, but not only, right shoulder impingement; right elbow ulnar neuritis; thoracic strain; lumbar strain; lumbar disc herniation with radiation; displaced lumbar disc and neuralgia neuritis/radiculitis. He reports constant back pain with radiation to the right buttocks and limp. He reports pain in the shoulder when he raises his arm over his head and occasionally has radiating pain from the shoulder to his elbow. He is status post right shoulder arthroscopic from February 2013 and has had multiple epidural steroid injections as well as conventional medical treatment. In June 2014 he was diagnosed with failed back surgery syndrome. Psychologically, a note from his primary treating Dr. from May 2014 notes symptoms of depression, anxiety, mood, stress, sessions, preoccupations, severe and chronic pain, hopelessness and helplessness. He has been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Additional psychological diagnoses were hand written and illegible. A request was made for objective testing times 12; and immediate treatment 1 time a week times 8 weeks; the requests were not approved. The request for objective testing was noncertified completely, with utilization review approving 3 to 4 visits of cognitive behavioral therapy as an initial treatment trial

IMR ISSUES, DECISIONS AND RATIONALES

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

Objective Testing x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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

Decision rationale: The request for "objective testing times 12" cannot be approved due to incorrect terminology used for the request. The proper way to request this intervention is to request a "Psychological Evaluation (quantity = 1)." The way that this request is written it essentially would be authorizing 12 psychological evaluations. This is not necessary and cannot be authorized the way it is written according to the MTUS treatment guidelines for psychological evaluations, they are considered to be a recommended diagnostic assessment tool. The number of different tests that is going to be used during the evaluation does not have to be specified. Although it appears that the use of 12 different assessment tools is both redundant and unnecessary. Because of the way the request was worded, medical necessity has not been established.

Immediate Treatment 1/Wk x 8/Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: A request was made for "immediate treatment one time per week for eight weeks." According to the official disability guidelines for cognitive behavioral therapy treatment patients should be given an initial treatment trial 3-4 sessions. After the completion of that treatment trial, if the patient responds positively with objective functional improvement, additional sessions up to a maximum of 13-20 may be allowed if progress continues. It is important to note that the term objective functional improvement refers to measurable progress in terms of activities of daily living being increased, a reduction in work restrictions if applicable, and must include a reduction in the dependency on future medical treatments. Symptomology alone is insufficient treatment. This request for 8 sessions is entirely unclear the way it is written. It is unclear how many cognitive behavioral therapy sessions the patient has had already, I did find two progress notes that seem to reflect the patient having had sessions but the total number of sessions he has had to date is not provided. Without that number it is impossible to know whether he's eligible for additional treatment. In addition the patient psychological diagnoses were not provided this is important because it can influence the number

of sessions that are available in some rare cases of PTSD/major depression additional sessions up to 50 might be allowed if patient is making significant progress. I was unable to find any information with regards to the progress of the patient was making his treatment. The few psychological progress notes that were provided were handwritten and difficult to read/illegible other than a checklist of symptoms there was no indication of improvement. Better descriptions of the patient's treatment and his response to it would be needed to authorize 8 sessions. Therefore the finding of this independent medical review is that the medical necessity of this procedure was not established based on insufficient documentation.