

Case Number:	CM14-0077366		
Date Assigned:	07/18/2014	Date of Injury:	03/11/2012
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine, 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:

The injured worker is a 56 year old male whose date of injury is 03/11/2012. The injured worker was driving a truck when he lost traction and attempted to correct the direction of travel. The truck swerved back onto the roadway and hit the side of a mountain. The embankment caused the truck to overturn. Treatment to date includes diagnostic testing, physical therapy, and cognitive behavioral therapy. Diagnoses are cervical spine myofasciitis with radiculitis, lumbar spine myofasciitis with radiculitis, and rule out cervical spine disc injury. Psychological evaluation dated 11/26/13 indicates that diagnosis is adjustment disorder with mixed anxiety and depressed mood. Note dated 04/18/14 indicates that the injured worker complains of continued neck and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy once a week times 8 weeks: Upheld

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

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

Decision rationale: There is insufficient clinical information provided to support this request. It is unclear if the injured worker has undergone any psychological treatment to date, and if so, the injured worker's response to treatment is not documented. MTUS Guidelines would support an initial trial of 3-4 visits with up to 10 supported with evidence of objective functional improvement. There are no current psychometric testing measures provided. Therefore, medical necessity of the requested treatment is not established.