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| Case Number: | CM14-0087439 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 02/23/1998 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 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 claimant is a 66-year-old female with a date of injury of 2/23/98. The claimant sustained injury while working as an eligibility worker #2 for [REDACTED]. The mechanism of injury was not found within the records submitted for review. In his PR-2 report dated 6/9/14, [REDACTED] diagnosed the claimant with: (1) Status post microvascular decompression, 7th cranial nerve 6/15/06 with subsequent left sided hearing loss; (2) History of TMJ syndrome (Temporomandibular Joint Syndrome) with xerostomia; and (3) History of hypertension with hypertensive cardiovascular disease, deferred. Additionally, in his 5/8/14 Treating Physician's Progress Report, Review of Medical Records, and Request for Authorization, [REDACTED] diagnosed the claimant with: (1) Cervical spondylosis with radiculopathy; (2) Cervical stenosis moderate C5-C6, mild-to moderate C4-C5 and C6-C7, mild C3-C4 and C7-T1 with no focal corde abnormality. There is multilevel neuroforaminal stenosis secondary to uncovertebral sprain and facet arthropathy as seen in MRI date July 8, 2013; (3) Lumbar spondylosis with radiculopathy; (4) Depression anxiety, industrial causation; (5) Neuropathic pain bilateral lower extremities; and (6) Hypertension, industrial causation. Lastly, in his Authorized Complex Consultation-Consultative Report-Non-Face-To Face Medical Records Review-Request for Authorization dated 1/30/14, [REDACTED] diagnosed the claimant with: (1) Cognitive impairment; (2) Posttraumatic headaches; (3) Status post left seventh nerve facial decompression for hemifacial spasm; (4) Mild left facial paresis nonindustrial; (5) Hearing loss left ear nonindustrial; and (6) History of mass in maxillary sinus, deferred to ENT. The Patient has been treated with medications, chiropractic, message, acupuncture and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological or psychotherapy treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009)(page 23) Page(s): 23.

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has received psychological services in the past from both [REDACTED] and [REDACTED]. Neither the number of completed sessions nor the period of time from which they occurred are known as there are no psychological records included for review. Without having any information about prior services, the request for continued services cannot be fully determined. Additionally, the request for Psychological or psychotherapy treatments remains too vague as it does not indicate how many sessions are being requested nor the duration of time for which the sessions are to occur. Due to insufficient information and the vagueness of the request, the request for Psychological or psychotherapy treatments is not medically necessary.