

Case Number:	CM14-0098352		
Date Assigned:	07/28/2014	Date of Injury:	10/29/2012
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 45 year-old female with a date of injury of 10/29/12. The claimant sustained injury to her head and neck when a 12 foot metal pole fell and hit her on the head as she was trying to take down a large venue tent. The claimant sustained this injury while working as a contracted interior decorator for [REDACTED]. In the 3/18/14 Orthopedic Agreed Medical Evaluation, the claimant is diagnosed with: (1) Chronic cervical sprain with discogenic disease; (2) Temporomandibular joint pathology; and (3) Chronic lumbosacral sprain with discogenic disease. She has been treated with medications, injection, physical therapy, chiropractic, and acupuncture. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their Psychological Evaluation and Request for Treatment Authorization dated 12/24/13, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with depressed mood, moderate severity; and (2) Pain disorder associated with both psychological factors and an orthopedic condition. There is also documentation that the claimant has participated in a pain management Cognitive Behavioral Therapy (CBT) group.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 initial sessions of individual psychologist treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Behavioral interventions. Page 23.

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain as well as symptoms of depression. She completed 6 of the 10 pain management CBT groups with [REDACTED]. The request under review is for continuity of care following the claimant's discharge from the group program. However, the claimant has discharged from the group setting. The request for a follow-up individual session appears appropriate in order for some continuity of care. The guidelines indicate either an initial trial of 4 visits or an initial trial of 6 visits depending upon the guideline. As a result, the request for 4-6 initial sessions of individual psychologist treatments is reasonable and considered medically necessary.

