

Case Number:	CM14-0161521		
Date Assigned:	10/07/2014	Date of Injury:	09/07/2010
Decision Date:	01/02/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 66 year-old male (██████████) with a date of injury of 9/7/10. The claimant sustained a head injury while working for ██████████. The mechanism of injury was not found within the submitted medical records. In his PR-2 report dated 9/9/14, treating physician, ██████████ diagnosed the claimant with: (1) Chronic headache pain/degenerative cervical spondylosis; (2) Chronic headache pain/myofascial pain syndrome; (3) Pain disorder with psychological/general medical condition; (4) Insomnia/persistent due to chronic pain; and (5) Chronic vertigo/head injury. The request under review is for initial psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Behavioral Medicine 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 Psychological treatment; Behavioral interventions Page(s): 101-102; 23.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions will be used as references for this review. Based on the review of the limited medical records submitted, the claimant has continued to experience chronic pain with

headaches and vertigo since his work-related injury in September 2010. The request under review is based on the recommendations of treating physician, [REDACTED]. It is noted within the medical records that the claimant has a separate workman's comp psychiatric claim and it is unclear whether the claimant has completed any psychological services under that claim. Based on the review of the medical records submitted under the current claim, the need for psychological services cannot be determined at this time. There has been no psychological evaluation completed that offers specific diagnostic information nor appropriate treatment recommendations. Without the information from a thorough evaluation, the request for treatments is premature. As a result, the request for "10 Sessions of Behavioral Medicine Treatments" is not medically necessary.