

Case Number:	CM14-0191841		
Date Assigned:	11/25/2014	Date of Injury:	11/30/2007
Decision Date:	01/12/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 51 year old female () who sustained a work related injury 11/30/2007. A neurological re-evaluation was performed June 3, 2014, and the physician documented; complaints of headaches, decreased concentration, constant low back pain with radiation to legs, left leg numbness and decreased sleep. Physical/neurological examination is documented as unchanged with a diagnostic impression of s/p head trauma with post traumatic head syndrome, cervicogenic headaches, insomnia with sleep apnea, mood disorder, and s/p right shoulder surgery. Treatment recommendations included; Gabapentin 100mg three times a day and follow-up in two months. Neurologically the injured worker remains permanent and stationary. A primary care physician's progress report and request for treatment authorization dated August 21, 2014, finds the injured worker with persistent severe low back pain. The treating physician noted another visit July 10, 2014, where she presented for continued low back pain without improvement. An MRI of the lumbar spine was ordered (no report present in this case file), and to start physical therapy to the back twice a week for six weeks and none has been authorized. At this time, she is receiving psychiatric care, neurology follow-up, dental care, medication and patches (which are not described). The physician states that the medications help but she remains symptomatic. On physical examination neck stiffness is persisting, right shoulder is stiff, weak and tender, and left shoulder is stiff weak and tender with clicking. Page 2 of this visit documentation is missing in the case file. Work status is documented as unchanged and temporarily totally disabled for an additional six weeks. According to utilization review performed October 24, 2014, there was a request for authorization October 17, 2014(not present in this case file), for individual psychotherapy treatment 1 x 20. Based on the documentation provided and citing MTUS Chronic Pain and ODG (Official Disability Guidelines) Cognitive Behavioral Therapy for chronic pain, it could not be determined, based on present

documentation, if the injured worker completed physical medicine using a cognitive motivational approach to physical medicine that has not provided improvement in the injured workers condition. Therefore, individual psychotherapy treatment 1 x 20 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy treatment QTY#20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines- cognitive behavioral therapy

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

Decision rationale: The CA MTUS regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Unfortunately, there are no psychological/psychiatric records to review. The request under review submitted by [REDACTED] is for 20 psychotherapy sessions. Without any documentation regarding the injured worker's symptoms and subsequent impairments, the need for treatment cannot be established. As a result, the request for "Individual psychotherapy treatment QTY#20" is not medically necessary.