

Case Number:	CM14-0199333		
Date Assigned:	12/09/2014	Date of Injury:	10/10/2011
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/30/2014

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 Psychologist (PHD, PSYD) 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 45 year-old male (██████████) with a date of injury of 10/10/2011. The injured worker sustained injury to his head and neck when the bus that he was in was involved in a motor vehicle accident. He had been sleeping on a middle bunk when the accident occurred and he fell from the bunk onto the floor. He sustained this injury while working as a global market developer for network security company, Barracuda. In the 9/22/14 "Encounters and Procedures" report, ██████████ diagnosed the injured worker with: (1) Degeneration of cervical intervertebral disc; (2) Displacement of cervical intervertebral disc without myelopathy; (3) Psychalgia; and (4) Psychogenic headache. The injured worker has been treated with medications and chiropractic. The injured worker also exhibits psychiatric symptoms of depression, anxiety, and hypomania and has been participating in psychotropic medication management with treating psychiatrist, ██████████. Although no diagnoses were found within the medical records, in his 9/25/14 "Progress Note", ██████████, noted that the injured worker was in a "mixed bipolar state" with "racing thoughts, depressed and irritable mood, insomnia, and high levels of irritability with the people around him." Current medications included Lithobid 300 mg three times a day with a recommendation to resume Zyprexa 5 mg at night. The request under review, sent in by ██████████, is for 6 pain psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain psychology sessions x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 23; 101-102. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the injured worker experiences neck pain as well as psychiatric symptoms. He has been treating with Psychiatrist, [REDACTED], however it does not appear that he has participated in psychotherapy. Unfortunately, there is no psychological evaluation on file to indicate a need for pain psychology sessions at this time. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Additionally, the request for 6 visits exceeds the recommended number of initial sessions. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks." Given these guidelines, the request for "pain psychology sessions x 6 visits" is not medically necessary.