MAXIMUS Federal Services

Case Number:	CM14-0203248		
Date Assigned:	12/15/2014	Date of Injury:	07/28/2007
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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 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:

This 45 year old male sustained work related industrial injuries on July 28, 2007 during the course of his work as a Meat Manager for [redacted]. There is an additional slip and fall injury in 2011. Per treating provider report dated October 14, 2014, the injured worker was treated for neck pain, shoulder pain, right hand pain status post cervical fusion. Documentation noted a presumptive diagnosis of complex regional pain syndrome of the right upper extremity secondary to work related injury, chronic degenerative disc disease lumbar spine with radiculopathy and increased depression secondary to medical diagnoses. He is described as extremely stressed due to his injury and resulting limitations. Treatment consisted of diagnostic studies, prescribed medications, pain management, consultation and periodic follow up visits. Documentation noted that the injured worker was awaiting approval for psychological evaluation and treatment. There is an indication in a PR-2 progress note from December 2014 that the patient has been approved for biofeedback sessions and is awaiting to start that treatment. No notes were found with regards to whether or not this has occurred. The treating physician prescribed services for twelve sessions of cognitive therapy now under review. On November 7, 2014, the Utilization Review (UR) evaluated the prescription for twelve sessions of cognitive therapy requested on October 30, 2014. Upon review of the clinical information, UR non-certified. The request for twelve sessions of cognitive therapy, noting further decision regarding mental health treatment pending the outcome of psychological evaluation. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of cognitive therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: The medical necessity of 12 sessions of cognitive behavioral therapy was not established by the documentation provided for this review. There was no comprehensive psychological evaluation submitted providing the patient's diagnoses and there was no information regarding prior psychological treatment history, if any has been provided. It is unclear whether or not the patient has already received psychological treatment in the past as part of a prior course of psychological treatment or if he has received any as a part of a recent psychological course of treatment. The injury under consideration occurred over 7 years ago and whether the patient received psychological care, and if so what the outcome, and quantity/duration, if any, during the course of that time is relevant to consideration on whether it is indicated and reasonable at this juncture. The information provided regarding the patient's psychological condition and symptomology was not specific or detailed enough to determine whether or not psychological treatment is needed. Because there was insufficient information medical necessity was not established. According to current MTUS treatment guidelines, patients who are properly identified may receive psychological treatment and it is suggested that an initial treatment block consists of 3 to 4 sessions with further treatment contingent upon the patient demonstrating benefit from those initial sessions. The official disability guidelines are somewhat more generous and allow up to 6 sessions for an initial treatment. With regards to this case, the request for 12 sessions does not take into account the need for an initial brief treatment trial in order to determine patient benefit. In addition the medical necessity was not established as was previously mentioned via documentation of objective psychological symptomology. This is not to say that the patient is not in need of treatment or is not eligible for treatment, only that there was insufficient documentation provided this request to establish medical necessity. Because medical necessity was not established the request to overturn the utilization review determination for non-certification is not approved.