

Case Number:	CM15-0007702		
Date Assigned:	01/26/2015	Date of Injury:	10/25/2001
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 48 year old female who suffered a work related injury on 10/25/01. Per the physician notes from 12/08/14, she complains of back, knee, neck, and shoulder pain. The treatment plan includes an ESI, continued MED150, Avinza, Lyrica, Tear Tec 2000, urine drug screen, yoga, and cognitive behavior therapy consult. On 12/16/14, the Claims Administrator non-certified the cognitive behavioral therapy consult, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: MTUS Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101 According to the MTUS psychological evaluations are generally

accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. A request was made for a cognitive behavioral therapy consultation. Utilization review determined non-certification -authorization with the following rationale: "there is limited evidence of any significant current psychological complaints aggravated by current injury that causes functional limitations and deficits. The claimant is more than 13 years status post injury; however, onset of the psychological complaints is unknown. Further details regarding psychological issues are limited and past treatment as well as response to any past treatment is unclear. The medical necessity of the requested consultation is not established." According to a primary treating physician progress note from January 5, 2015 the patient continues to report ongoing shoulder pain as well as pain in her neck, knee and back. Her mood is described as 2/10 where zero is the best possible. She had a comprehensive neuropsychological evaluation on October 31, 2014, no mention of psychological symptomology or diagnosis or treatment recommendations were included in that report. According to a primary physician treatment note from December 8, 2014 a request for cognitive behavioral therapy is to "see if we can get non-opiate therapies to control pain to help her RTW. We will continue to wean." The MTUS guidelines for cognitive behavioral therapy consultation do recommend the procedure. In contrast to the utilization review determination for non-certification there is a very clearly stated purpose for the request and that is to provide non-opiate medication related pain management treatment. This may be an appropriate and medically necessary intervention for the patient. However, with regards to this request, more information would be required in order to authorize it. Specifically there's no information regarding whether or not the patient has already received prior psychological consultations and if so when they occurred/quantity provided and outcome. There is no information provided whatsoever regarding prior psychological treatment history. The patient was injured more than a decade ago and it would be important to know if she has been involved in psychological treatment during the time between her injury and this request in order to determine whether or not it's medically necessary if the patient has not received any prior psychological treatment then a consultation/evaluation would be appropriate. If she has received prior psychological treatment then additional factors would have to be considered to determine whether or not this request is appropriate. Because of this reason medical necessity is not been established and therefore the utilization review determination for non-certification is upheld.