

Case Number:	CM15-0106874		
Date Assigned:	06/11/2015	Date of Injury:	09/12/2003
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/03/2015

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(n) 45 year old male, who sustained an industrial injury on 9/12/03. He reported pain in his neck and right shoulder. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy, bicipital tendonitis and right shoulder pain. Treatment to date has included a cervical MRI on 3/15/12, acupuncture and cervical epidural injections with 30% reduction of pain. The injured worker was previously authorized for nine sessions of cognitive behavioral therapy, but was unable to find a practitioner that was in- network. As of the PR2 dated 4/20/15, the injured worker reports cervicothoracic and right shoulder pain. He rates his pain a 3/10. He is also experiencing some depression and insomnia secondary to the debility he has suffered. The treating physician requested cognitive behavioral therapy x 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (9 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in 2003. According to the injured worker's treating physician, [REDACTED], he is also experiencing symptoms of depression and anxiety secondary to his pain. She indicated that the injured worker had previously been authorized for psychotherapy, but was unable to find a covered provider prior to the expiration of the authorization. The request under review is to renew those sessions. However, the injured worker has never completed a psychological evaluation. A psychological evaluation will not only offer specific diagnostic information, but appropriate psychological treatment recommendations. Without an evaluation, the need for psychological treatment cannot be fully determined and the request for sessions is premature. As a result, the request for an initial 9 psychotherapy sessions is not medically necessary.