

Case Number:	CM15-0108806		
Date Assigned:	06/15/2015	Date of Injury:	02/23/2002
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 50-year-old female, who sustained an industrial injury on 2/23/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical degenerative disc disease with cervical 5-6 bulging disc, lumbosacral disc bulge with chronic low back pain, left shoulder impingement and biceps tendinitis, fibromyalgia and headaches. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/15/2015, the injured worker complains of muscle pain on the right side of the neck, rated 8/10, low back pain rated 3-4/10 and right trapezius pain, rated 8-10/10 that triggers headaches. Physical examination showed the right trapezius muscle was tight and tender to palpation. The treating physician is requesting cognitive behavior evaluation with a Psychologist x 3 for the lumbar and cervical areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Evaluation with Psychologist 1x3 (Lumbar, Cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); Upon review of the submitted documentation, it is gathered that the injured worker has had prior psychotherapy based on cognitive behavior therapy approach with some "objective functional improvement". However, there is no clear indication of how many sessions have been completed so far. Based on the lack of information regarding the number of sessions so far, the request for additional sessions i.e. Cognitive Behavioral Evaluation with Psychologist 1x3 (Lumbar, Cervical) is not medically necessary at this time.