

Case Number:	CM15-0139861		
Date Assigned:	08/18/2015	Date of Injury:	08/22/2013
Decision Date:	09/15/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 59 year old female sustained an industrial injury on 8-22-13. She subsequently reported head, neck and back pain. Diagnoses include post-concussion syndrome, headaches and cervicobrachial syndrome. Treatments to date include physical therapy, cognitive behavioral therapy and prescription pain medications. The injured worker continues to experience neck and back pain. Upon examination of the cervical spine, there was tenderness and muscle tightness in the paravertebrals. A request for 8 pain management (1x8) for the cervical spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 pain management (1x8) for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] and was authorized for an initial 6 pain management sessions, which appear to have commenced in October 2014. There are two progress notes included for review, dated 10/8/14 and 1/21/15. The latter indicates that it is a note for session number 4 of 6. Unfortunately, the included records are limited and do not provide enough information about the completed sessions to date. Without more information about all of the completed sessions including the progress and improvements that have been made, the need for additional treatment cannot be fully determined. As a result, the request for an additional 8 pain management sessions is not medically necessary.