

Case Number:	CM15-0041486		
Date Assigned:	03/11/2015	Date of Injury:	03/27/1998
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female who sustained a work related injury on March 27, 1998, incurring low back, upper back neck left shoulder, knees and wrists injuries. Treatment included medication management, shoulder arthroscope, physical therapy, injection therapy, electromyogram, and Magnetic Resonance Imaging (MRI) of the knees and spine. She was diagnosed with spinal radiculopathy, left shoulder rotator cuff tear, cervical strain, knee chondromalacia, bilateral carpal tunnel and chronic pain syndrome with psychological complications. Currently, the injured worker complains of low backache, radiculopathy and increased anxiety. Treatment included strengthening exercises, pain medications and nerve medications. Authorization was requested for a referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training: 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): 101 - 102.

Decision rationale: The patient is a 55 year old female with an injury on 03/27/1998. She had low back pain and anxiety. The request is for a consultation with a psychologist for cognitive behavioral therapy. While MTUS guidelines note that cognitive behavioral therapy might be beneficial, this patient has already received those services with no resulting functional improvement. She is treated with Lexapro, Ambien, Soma, Hydrocodone 10/325 and Gabapentin. A psychiatric referral has already been approved. Furthermore, she already had at least 10 visits for cognitive behavioral therapy, again with no functional improvement. Further cognitive therapy referral is not medically necessary.