

Case Number:	CM15-0053133		
Date Assigned:	03/26/2015	Date of Injury:	01/22/2003
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female who sustained an industrial injury on 1/22/03. The injured worker reported symptoms in the neck, shoulder and upper back. The injured worker was diagnosed as having chronic neck pain, chronic pain syndrome, chronic pain in thoracic spine, cervical spondylosis with myelopathy, adjustment disorder with anxiety, and chronic degenerative disc disease cervical and spinal stenosis in cervical region. Treatments to date have included psychological care, oral pain medication, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the neck, shoulder and upper back. The plan of care was for psychotherapy sessions and a follow up appointment at a later date. A psychological consultation dated February 18, 2011 recommends 12 sessions for coping skills counseling for chronic pain. A progress report dated May 24, 2011 indicates that 6 therapy sessions were completed and requests 6 additional sessions. Notes indicate that cognitive behavioral therapy has elevated her mood and lowered her anxiety that she continues to have significant depression and a pessimistic outlook on the future. Notes indicate that those sessions were authorized. A report dated February 18, 2015 states that the patient's condition has deteriorated and requests 10 additional treatment sessions for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 weekly psychotherapy sessions: 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), Cognitive Behavioral Therapy, Psychotherapy Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for additional psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations 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. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has already undergone at least 12 therapy sessions. It is acknowledged, that these were completed over a few years ago. Therefore, a few visits or a new trial may be indicated. However, the 10 visits requested here are not consistent with a few visits for a refresher, or a new trial (3-4 visits). Unfortunately, there is no provision to modify the current request. As such, the currently requested psychological treatment is not medically necessary.