

Case Number:	CM15-0087484		
Date Assigned:	05/14/2015	Date of Injury:	12/22/2012
Decision Date:	06/30/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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 50 year old male who sustained an industrial injury on 12/22/12. The injured worker was diagnosed as having neck sprain, sprain of shoulder/arm and sprain of thoracic region. Currently, the injured worker was with complaints of pain in the shoulders, neck and spine. Previous treatments included status post cervical fusion, physical therapy, and injections. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 6 sessions in conjunction with psychotherapy sessions 60 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in November 2012. In the UR determination report dated 4/14/15, it was reported that the injured worker was experiencing symptoms of depression and anxiety according to treating psychologist [REDACTED]. Unfortunately, there were no psychological records included for review to confirm this report nor shed any additional light on the psychological symptoms being experienced by the injured worker. Without any information about the injured worker's current mental state or psychiatric symptoms that are impairing his functioning, the need for psychotherapy cannot be determined. As a result, the request for 6 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions.

Psychological therapy biofeedback x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in November 2012. In the UR determination report dated 4/14/15, it was reported that the injured worker was experiencing symptoms of depression and anxiety according to treating psychologist [REDACTED]. Unfortunately, there were no psychological records included for review to confirm this report nor shed any additional light on the psychological symptoms being experienced by the injured worker. Without any information about the injured worker's current mental state or psychiatric symptoms that are impairing his functioning, the need for psychological services including biofeedback cannot be determined. As a result, the request for 6 biofeedback sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 biofeedback sessions.

Customized compact discs #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Mind-Body Interventions.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in November 2012. In the UR determination report dated 4/14/15, it was reported that the injured worker was experiencing symptoms of depression and anxiety according to treating psychologist [REDACTED]. Unfortunately, there were no psychological records included for review to confirm this report nor shed any additional light on the psychological symptoms being experienced by the injured worker. Without any information about the injured worker's current mental state or psychiatric symptoms that are impairing his functioning, the need for psychological services including customized compact discs, that are assumed to be for mind-body interventions, cannot be determined. As a result, the request for 6 psychotherapy sessions is not medically necessary.

Psychological progress report once per month for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in November 2012. In the UR determination report dated 4/14/15, it was reported that the injured worker was experiencing symptoms of depression and anxiety according to treating psychologist [REDACTED]. Unfortunately, there were no psychological records included for review to confirm this report nor shed any additional light on the psychological symptoms being experienced by the injured worker. Without any information about the injured worker's current mental state or psychiatric symptoms that are impairing his functioning, the need for psychological services including a psychological progress report, are not medically necessary.