

Case Number:	CM15-0087827		
Date Assigned:	05/12/2015	Date of Injury:	02/13/2013
Decision Date:	07/07/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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 42 year old female who sustained an industrial injury on 02/13/2013 when she was struck in the head by an armed assailant and thrown to the ground. The injured worker was diagnosed with degenerative cervical intervertebral disc, cervicalgia, chronic pain syndrome, post-traumatic stress disorder, tension headaches and major depression. The injured worker has a medical history of hypertension and diabetes mellitus. The most recent diagnostic testing consisted of an electro diagnostic studies in May 2014 which was noted as grossly normal and a cervical magnetic resonance imaging (MRI) in May 2014 noting multi-level degenerative disc disease with small disc osteophyte complexes at C5-C6 mildly effacing the ventral thecal sac with patent central canal, no cord impingement and patent neural foramina. Other treatments to date include the most recent cervical epidural steroid injection in November 2014 and medications. According to the primary treating physician's progress report on March 3, 2015, the injured worker continues to experience chronic neck pain. The injured worker reports that her pain level was 10/10 prior to the cervical epidural steroid injection in November 2014 and the pain was reduced to 6/10. With medications, her pain is rated at a 3-4/10. Examination of the cervical spine demonstrated tenderness to palpation over the cervical paraspinous muscles with full range of motion in all planes. Sensation and motor strength of the bilateral upper extremities were intact. Deep tendon reflexes were 1+and equal at the biceps, triceps and brachioradialis. Current medications are listed as Tramadol, Lidoderm Patch, Venlafaxine ER and Colace. The injured worker has returned to full time work with daytime hours. Treatment

plan is to continue with medication regimen and the current request for follow-up visits with psychologist times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow-up visits with a psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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 PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as well as psychiatric symptoms related to PTSD and depression. It appears that the injured worker initially received services from ██████████ in 2013 for an unknown number of sessions according to the March 2014 QME report from ██████████. It is unclear as to the services received in 2014. There were 4 progress notes dated 8/8/14, 8/15/14, 8/29/14, and 9/5/14 from ██████████ included for review. They indicated another 12 sessions authorized however, no other notes were included. Without any information about recent services, including the number of sessions completed and the progress obtained from those sessions, the need for any additional treatment cannot be determined. As a result, the request for an additional 12 follow-up visits with a psychologist are not medically necessary.