

Case Number:	CM13-0036470		
Date Assigned:	12/13/2013	Date of Injury:	05/09/2001
Decision Date:	02/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 79 year-old female with a date of injury of May 9, 2001. She sustained a work-related injury while employed by [REDACTED]. The mechanism of injury is not noted in the medical reports. According to [REDACTED] Evaluations, the claimant is diagnosed with the following medical condition: (1) residual of lumbar radiculopathy, L5-S1 discectomy 2993; (2) chronic lumbosacral strain; (3) deconditioned core muscles; (4) opiate pain management; (5) affective disorder due to chronic pain; (7) left knee arthroscopy and medical meniscectomy in April 2002; (8) left knee arthroscopic meniscectomy in October 2003; (9) severe osteoarthritis of the left knee; and (10) mild to moderate osteoarthritis of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 12 sessions of Psychological Consultation for Cognitive Behavioral Training, between September 23, 2013 and December 1, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Section Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Decision rationale: Based on the review of the medical reports, the claimant was authorized in August 2013 to receive an initial 4 sessions of cognitive behavioral therapy. However, in his September 2013 report, [REDACTED] indicates that no response to the initial authorization was received and it appears that an additional request was submitted. The California MTUS recommends an initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions) may be needed. Subsequent information submitted for review indicates that the claimant did set up an appointment in November 2013 to begin her initial psychotherapy sessions with psychologist, [REDACTED]. Since the claimant did not complete the initial four sessions, the request for 12 sessions of [REDACTED], between September 23, 2013 and December 1, 2013 is premature and therefore, it not medically necessary or appropriate.