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| Case Number: | CM14-0128561 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 08/25/2011 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 Texas. 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 injured worker is a 46 year old male who reported an injury on 08/25/2011. The mechanism of injury was not indicated. The injured worker was diagnosed with chronic cervical strain/sprain with multilevel degenerative disc disease/ disc protrusion, degenerative thoracic spine, lumbar strain/ sprain with degenerative disc disease, bilateral platar fasciitis, and depression. The injured worker was treated with medications and epidural steroid injections. The injured worker had diagnostic cervical epidural catheterization of left C6 and C7 cervical transforaminal epidural steroid injections on 05/01/2014. On the physician's note dated 07/10/2014 the injured worker complained of severe headache rating 5-6/10. The injured worker had moderate to severe tenderness over the C5-6 and C6-7 cervical interspaces. The injured worker was prescribed Tramadol 50mg every 6 hours as needed, Xanax 0.25mg every night, Protonix 40mg every day, and Neurontin 300mg three times daily. The treatment plan was for additional sessions with psychologist times six. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions with psychologist times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-24.

Decision rationale: The request for additional sessions with psychologist times six is not medically necessary. The injured worker is diagnosed with chronic cervical strain/ sprain with multilevel degenerative disc disease/ disc protrusion, degenerative thoracic spine, lumbar strain/ sprain with degenerative disc disease, bilateral platar fasciitis, and depression. The California MTUS guidelines note identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks of individual sessions. There is a lack of documentation indicating the injured worker underwent a psychological assessment prior to beginning psychological treatment as well as a reassessment after the completion of treatment. There is a lack of documentation indicating the injured worker had significant improvement in psychological symptomatology with the prior psychological treatment. Within the provided documentation the requesting physician does not indicate how many sessions of psychological treatment have been completed. Additionally, the requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for additional sessions with psychologist times six is not medically necessary.