MAXIMUS Federal Services

Case Number:	CM14-0143863		
Date Assigned:	09/12/2014	Date of Injury:	04/14/2000
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 Board Certified in Occupational Medicine 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 applicant is represented [redacted] employee who has filed a claim for chronic neck pain, upper back pain, and carpal tunnel syndrome reportedly associated with an industrial injury of April 14, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier carpal tunnel release surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated August 19, 2014, the claims administrator partially certified a request for a pain psychologist consultation and unknown amounts of cognitive behavioral therapy as one pain psychology consultation and six sessions of cognitive behavioral therapy. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported persistent complaints of anxiety, depression, chronic neck pain, and chronic mid back pain. The attending provider stated that he was intent on weaning the applicant off of Xanax. The applicant's medications list included Elavil, Xanax, Neurontin, Norco, metformin, Zocor, Zestril, glyburide, aspirin, calcium, omega-3, and multivitamins. The attending provider suggested that the applicant consult a pain psychologist to obtain unspecified amounts of cognitive behavioral therapy. Norco, Elavil, Xanax, and urine drug testing were endorsed. The applicant was already permanent and stationary, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN REQUEST AUTHORIZATION FOR PAIN PSYCHOLOGIST CONSULTATION AND COGNITIVE BEHAVIORAL THERAPY SESSIONS -

MODIFIED TO 1 REQUEST AUTHORIZATION FOR PAIN PSYCHOLOGIST CONSULTATION AND 6 COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be determined by the severity of an applicant's mental health systems and whether or not an applicant is missing work. In this case, the attending provider's request for unknown amounts of cognitive behavioral therapy, thus, runs counter to MTUS principles as it seemingly implies cognitive behavioral therapy treatment for the duration of the claim with no effort made to base the frequency of visits on the severity of an applicant's symptoms, as suggested by ACOEM. Therefore, the request is not medically necessary.