

Case Number:	CM14-0147935		
Date Assigned:	09/15/2014	Date of Injury:	10/17/2013
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 10/17/2013 due to continuous and repetitive sitting, standing, walking, grasping, hand manipulation, twisting, turning, pushing, pulling, and stooping, as well as intermittent lifting and carrying. The injured worker has diagnoses of tension headache, cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous strain/sprain, bilateral shoulder strain/sprain, depression, and sleep disturbance. Past medical treatment consists of therapy, the use of a hot and cold unit, cervical pillow, interferential unit, and medication therapy. Medication includes ibuprofen. The injured worker has undergone an MRI of the cervical spine, and EMG/NCV of the upper extremities. On 07/31/2014, the injured worker complained of headache and neck pain. It was noted on physical examination that the injured worker had a pain rate of 3/10, per VAS. Examination of the cervical spine revealed tenderness to palpation of the spinal process C5-7. There was tenderness on palpation and palpable spasm of the bilateral paraspinal muscles. It was noted that the injured worker had a forward flexion of 46 degrees, extension of 52 degrees, right lateral flexion of 40 degrees, left lateral flexion 39 degrees, right rotation 72 degrees, and left rotation of 77 degrees. Cervical compression was positive, and cervical distraction was negative. The treatment plan is for the injured worker to undergo 3 cognitive behavioral psychotherapy sessions and a psychodiagnostic test. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) cognitive behavioral psychotherapy sessions; with improvement another ten sessions over ten weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 3 cognitive behavioral psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data in order to demonstrate significant deficits, which would require therapy, as well as establish baseline by which to assess improvements during therapy. The request as submitted is for 3 cognitive behavioral therapy sessions. The frequency of the sessions was not submitted in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Psycho-diagnostic testing to serve as a road map to better evaluate and treat.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for psychodiagnostic testing is not medically necessary. The California MTUS/ACOEM states specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Segmental mental illness or chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. IT is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The provider can use his or her best professional judgment in determining the type of specialist. Patients with more serious conditions may need a referral to a psychiatrist for medical therapy. The submitted documentation lacked any evidence of significant deficits related to the injured worker's mental health. There were no signs and symptoms or diagnoses that would be congruent for a referral to a psychiatrist. Given the above, the injured worker is not within ACOEM/MTUS recommended guidelines. As such, the request is not medically necessary.

