

Case Number:	CM14-0148678		
Date Assigned:	09/18/2014	Date of Injury:	08/15/2007
Decision Date:	11/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Board Certified 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 35 year-old male (██████████) with a date of injury of 8/15/07. The claimant sustained injury to his neck and back while working as a tote loader for ██████████. In his 8/11/14 PR-2 report, ██████████ diagnosed the claimant with: (1) C4-C5 disc herniation; (2) Cervical herniated nucleau pulposus with radiculopathy at C5-C6 and C6-C7 level; (3) Bilateral shoulder impingement; (4) Bilateral upper extremity overuse tendinopathy; (5) L4-L5 and L5-S1 disc herniation with lumbar radiculopathy; and (6) Thoracalgia. Additionally, in his PR-2 report dated 8/18/14, ██████████ diagnosed the claimant with: (1) Shoulder impingement/bursitis; (2) Low back syndrome; (3) Cervicalgia; and (4) Shoulder arthralgia. It is also reported that the claimant has developed psychiatric symptoms secondary to his orthopedic injuries. However, there are no psychological records submitted for review. According to the "Peer Review Report" dated 9/4/14 and completed by ██████████, the claimant met with ██████████ on one occasion and was diagnosed with Somatic Symptom Disorder and Major Depressive Disorder. Because ██████████ report was not included for review, this diagnosis cannot be confirmed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) CBT (Cognitive Behavioral Therapy) Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Cognitive Behavioral Therapy guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 22.

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, which did not include any psychological records, the claimant has continued to experience chronic pain since his injury in August 2007. He has also developed symptoms of depression secondary to his pain. The request under review is for an initial trial of psychotherapy sessions following the claimant's evaluation with [REDACTED]. However, without [REDACTED] report, the need for follow-up services cannot be determined. As a result, the request for "Ten (10) CBT (Cognitive Behavioral Therapy) Psychotherapy" is not medically necessary.

Psych Medications consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 1068 Follow-up visits

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

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, which did not include any psychological records, the claimant has continued to experience chronic pain since his injury in August 2007. He has also developed symptoms of depression secondary to his pain. The request under review is for a psychiatric consultation following the claimant's evaluation with [REDACTED]. However, without [REDACTED] report, the need for a psychiatric consultation cannot be determined. As a result, the request for a "Psych Medications consult" is not medically necessary.