

Case Number:	CM14-0167790		
Date Assigned:	10/15/2014	Date of Injury:	04/06/2012
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/11/2014

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 a licensed Psychologist 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 37 year-old male (██████████) with a date of injury of 4/6/12. The claimant sustained injuries to his back and chest when he was trying to put something up on a shelf and he slipped and fell. The claimant sustained this injury while working as a dishwasher for ██████████. In her PR-2 report dated 9/10/14, Physician Assistant, ██████████ diagnosed the claimant is diagnosed with: (1) Cervical sprain/strain, neck; (2) Lumbosacral/joint/ligament sprain; (3) Pain in joint, wrist; and (4) Contusion of chest wall. It is also reported that the claimant has developed psychiatric symptoms secondary to his chronic pain. In her "Mental Health Progress Report - Final (PR-4)", dated 6/24/13, ██████████ diagnosed the claimant with: (1) Pain disorder associated with a general medical condition and psychological factors; and (2) Adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT for 12 Visits for Development of Coping Skills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: chapter 7: Independent Medical Examinations and Consultations

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

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, the claimant continues to experience chronic pain from his orthopedic injuries in April 2012. He attended one evaluation/psychotherapy session in June 2013 with [REDACTED]. In her "Mental Health Progress Report - Final (PR-4)", dated 6/24/13, [REDACTED] indicated that the claimant attended one sessions of psychotherapy and that he indicated that he "felt too sick to answer any questions on his own and instead invited his wife to answer for him." She further indicated that the "Patient was given the choice to continue treatment, which he declines at a later date, per the receptionist." [REDACTED] wrote, "Patient is not psychologically minded, nor is he comfortable disclosing personal information to a stranger. For these reasons, he is not a suitable candidate for treatment..." Despite this report, the claimant was authorized for 6 CBT sessions on 7/9/14. It does not appear that those sessions were utilized as there were no psychological records submitted for review. Without any information about the claimant's response to those sessions, the need for additional sessions cannot be determined. As a result, the request for "CBT for 12 Visits for Development of Coping Skills" is not medically necessary.