

Case Number:	CM14-0213643		
Date Assigned:	12/31/2014	Date of Injury:	04/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 (IW) is a 43 year-old female [REDACTED] with a date of injury of 4/9/2013. The IW sustained injury to her back and neck when she fell while changing a light bulb while working for [REDACTED]. She has been diagnosed with: L5-S1 degenerative herniated disk; radiculopathy; spondylolisthesis; mechanical low back pain with kyphosis; abdominal pain (risk of: gastritis, duodenal, or gastric ulcer); dysphagia; gastroesophageal reflux disease (GERD); hemorrhage, GI; and nausea/vomiting. It is reported that the IW also developed psychological symptoms secondary to her work-related orthopedic and internal injuries. Per the Utilization Review (UR) report dated 12/3/2014, the IW was assessed by [REDACTED] and was diagnosed with Adjustment disorder, mixed, mild to moderate. There were no psychological records included for review to confirm this information. The request under review is for continued psychotropics and 12-6 weekly sessions or twice monthly individual cognitive behavioral therapy (CBT), which was denied by UR on 12/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued psychotropics 12-16 sessions weekly, or twice monthly individual cognitive behavior therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009)(pages 101-10).

Decision rationale: According to the medical records, the injured worker (IW) has continued to experience chronic pain since her injury in April 2013. It is reported that she completed an evaluation by psychologist, [REDACTED]; however, his reports were not included for review. Without having any information pertaining to the IW's psychological history, the request for continued psychological services cannot be determined. Additionally, the request for 12-16 psychotherapy sessions exceeds the recommended number of initial sessions per the California MTUS guideline. As a result, the request is not medically necessary.