

Case Number:	CM14-0214782		
Date Assigned:	01/07/2015	Date of Injury:	12/16/2010
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
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 is a 44 year old male, who sustained an industrial injury on 12/16/2010. On 12/23/14, the injured worker submitted an application for IMR for review of an additional 6 sessions of cognitive behavioral therapy. The treating provider has reported the injured worker complained of neck pain radiating to shoulders, lower back pain radiating to lower extremities. The diagnoses have included cervical degenerative disc disease, thoracic discogenic syndrome, lumbar generative disc disease, major depressive episode, major episode, single severe. Treatment to date has included acupuncture, physical therapy, chiropractic therapy, trigger point injections, epidural steroid injections, TENS units, psychological counseling and cognitive behavior therapy and medications. Diagnostics include an EMG upper and lower (7/25/12), Lumbar MRI (4/8/14), Thoracic MRI (4/9/14), Cervical MRI (4/10/14). On 12/8/14 Utilization Review non-certified additional 6 sessions of cognitive behavioral therapy. The MTUS ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 6 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker received psychological services from [REDACTED] for an unknown number of sessions. In a PR-2 report dated 9/2/14, it was written that the "patient is no longer seeing [REDACTED]. He states that he denies suicidal ideation or desire to hurt others. He has completed a chronic pain education group. This provided him with some distraction techniques. He has been using these distraction techniques to help him control his pain." Unfortunately, there were no psychological records included for review. Without any information about prior services, the need for any additional treatment cannot be determined. As a result, the request for 6 additional psychotherapy sessions is not medically necessary.