

Case Number:	CM15-0043234		
Date Assigned:	03/13/2015	Date of Injury:	10/09/1990
Decision Date:	05/29/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/08/2015

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 53 year old male, who sustained an industrial injury on 10/09/1990. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, lumbar spine surgery, and cervical spine surgery. Currently, the injured worker complains of neck and low back pain with radiating pain into bilateral upper and lower extremities, and thoracic pain radiating to the chest wall. The diagnoses include post-laminectomy syndrome of the cervical region, brachial radiculitis, cervicgia, post-laminectomy syndrome of the lumbar region, lumbosacral radiculitis, sciatica, cervical radiculitis, cervical facet joint syndrome, lumbar facet joint pain, neck sprain, lumbar sprain, and spasm of muscle. The request for authorization consisted of 52 (one hour) weekly psychotherapy sessions, 52 (one hour) weekly biofeedback sessions, and 52, (one hour) twice weekly neurocognitive rehabilitation sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

52 one hour, weekly, psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his colleagues since 2011. However, other than an appeal letter from [REDACTED], there were no psychological records submitted for review. As a result, there is no information about prior treatment/services such as the number of sessions completed, the types of services rendered, nor the progress and improvements made as a result of those services. There is also no information regarding treatment plans and recommendations for maintenance therapy. Despite the fact that the injured worker has been allotted lifetime medical coverage, the request for a years worth of treatment appears excessive and the need for an additional 52 weekly psychotherapy sessions cannot be fully determined. As a result, the request for an additional 52 weekly psychotherapy sessions is not medically necessary. It is noted that the individual received a modified authorization for an additional 20 psychotherapy sessions in response to this request.

52 one hour, weekly, biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his colleagues since 2011. However, other than an appeal letter from [REDACTED], there were no psychological records submitted for review. As a result, there is no information about prior treatment/services such as the number of sessions completed, the types of services rendered, nor the progress and improvements made as a result of those services. There is also no information regarding treatment plans and recommendations for maintenance therapy. Despite the fact that the injured worker has been allotted lifetime medical coverage, the request for a years worth of treatment appears excessive and the need for an additional 52 neurocognitive rehabilitation sessions cannot be fully determined. As a result, the request for an additional 52 neurocognitive rehabilitation sessions is not medically necessary.

52 one hour, twice weekly, NCR (neurocognitive rehabilitation) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Head ChapterCognitive Therapy; Cognitive Skills Retraining.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his colleagues since 2011. However, other than an appeal letter from [REDACTED], there were no psychological records submitted for review. As a result, there is no information about prior treatment/services such as the number of sessions completed, the types of services rendered, nor the progress and improvements made as a result of those services. There is also no information regarding treatment plans and recommendations for maintenance therapy. Despite the fact that the injured worker has been allotted lifetime medical coverage, the request for a years worth of treatment appears excessive and the need for an additional 52 neurocognitive rehabilitation sessions cannot be fully determined. As a result, the request for an additional 52 neurocognitive rehabilitation sessions is not medically necessary.