

Case Number:	CM15-0074292		
Date Assigned:	04/29/2015	Date of Injury:	08/22/2014
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 50 year old female, who sustained an industrial injury on August 22, 2014, after missing a step on a ladder, falling and injuring her knees. She was diagnosed with myofascial pain syndrome and chronic low back pain. Treatment included physical therapy, pain medications, anti-inflammatory drugs, and antidepressants. Currently, the injured worker complained of chronic pain in the shoulders, low back, legs, feet and groin. The treatment plan that was requested for authorization included Cognitive Behavioral Therapy, unspecified frequency and duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) treatment, unspecified frequency and duration, per 03/26/2015 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain related to her work-related injury. In his reports, treating physician, ■■■■■, notes the continued pain and recommends psychological services. Despite this, the request for CBT treatment is premature as there has yet to be a thorough psychological evaluation completed that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. It is noted that the injured worker was authorized for a psychological evaluation on 4/9/15. As a result of not having a psychological evaluation, the request for subsequent CBT (unspecified frequency and duration) is not medically necessary.