

Case Number:	CM15-0098652		
Date Assigned:	06/01/2015	Date of Injury:	10/27/2011
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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 10/27/11. The injured worker was diagnosed as having chronic lumbar sprain/strain, lumbar degenerative disc disease, spondylolisthesis, herniated nucleus pulposus, lumbar radiculopathy, and status post C5-C6 anterior cervical discectomy and fusion with residuals. Currently, the injured worker was with complaints of cervical spine pain. Previous treatments included medication management, status post cervical fusion, physical therapy, activity modification and injections. Previous diagnostic studies included a magnetic resonance imaging, electromyography, nerve conduction velocity study and radiographic studies. The plan of care was for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology CBT (Cognitive behavioral therapy) 8 sessions: 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), Cognitive behavioral therapy CBT.

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 since his injury in October 2011. It is noted that the injured worker also has experienced some psychiatric symptoms of depression secondary to his work-related chronic pain. In the UR determination letter, it is noted that the injured worker had completed an initial evaluation with [REDACTED] in April 2015 and had been diagnosed with adjustment disorder with depressed mood. However, neither [REDACTED] evaluation report nor the Doctor's First Report of Occupational Injury or Illness was included for review. Without this information, the need for follow-up psychological services cannot be determined. As a result, the request for 8 CBT sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 CBT sessions in response to this request.