

Case Number:	CM13-0019756		
Date Assigned:	12/04/2013	Date of Injury:	09/27/2010
Decision Date:	09/19/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of September 27, 2010. A utilization review determination dated August 27, 2013 recommends certification for one psychiatric consultation, modified certification for cognitive behavioral therapy, and modified certification for manipulation/manual therapy. The treatment plan recommends seeing a local psychotherapist and psychiatrist. A letter dated September 7, 2013 identifies subjective complaints of ongoing neck and upper back pain with headaches. The patient uses over-the-counter ibuprofen with some side effects. The treatment plan recommends proceeding with the 2 authorized therapy sessions. A progress report dated September 13, 2013 indicates that the patient had 2 to 3 days of reduced pain following the previous treatment. The note indicates that the patient has improved cervical range of motion since the previous treatment. The treatment plan goes on to indicate that if the patient has a significant flare up he will be seen for reevaluation. There is no documentation of any psychological complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS COGNITIVE BEHAVIORAL THERAPY BETWEEN 8/22/13 AND 12/20/13: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for 12 sessions of psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, there are no recent subjective complaints or objective findings supporting a psychological diagnosis. Additionally, it is unclear what the current psychological sessions are intended to treat. Finally, guidelines support the use of a trial of psychotherapy including 3 to 4 sessions to identify whether there is any objective functional improvement, prior to additional sessions been supported. The currently requested 12 sessions, exceed the number recommended as a trial by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested 12 sessions of cognitive behavioral therapy are not medically necessary.

PSYCHIATRIC CONSULT BETWEEN 8/16/13 AND 12/20/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-398.

Decision rationale: Regarding the request for referral to psychiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there are no recent subjective complaints or objective findings supporting a psychiatric diagnosis. Additionally, it is unclear what the current psychiatric consultation is intended to treat. As such, the currently requested psychiatric consult is not medically necessary.

6 VISITS MANIPULATION/MANUAL THERAPY AND ASSOCIATED PT MODALITIES BETWEEN 8/16/13 AND 12/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: Regarding the request for referral to physiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there are no recent subjective complaints or objective findings supporting a psychiatric diagnosis. Additionally, it is unclear what the current psychiatric consultation is intended to treat. As such, the currently requested psychiatric consult is not medically necessary.