

Case Number:	CM13-0009555		
Date Assigned:	09/11/2013	Date of Injury:	04/19/2004
Decision Date:	02/05/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/09/2013

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 licensed in Psychology and is licensed to practice in Texas. 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:

The patient is a 51-year-old male who reported an injury on 04/19/2004. The patient is diagnosed with mood disorder and Reflex Sympathetic Dystrophy (RSD) in the upper limb. The patient was seen his treating physician on 10/03/2013. Physical examination revealed antalgic gait, restricted cervical range of motion, tenderness at the paracervical muscle and trapezius, paravertebral muscle spasm and tenderness bilaterally, positive Spurling's maneuver, positive Phalen's testing on the right, positive Tinel's testing on the left, 5/5 motor strength of the bilateral upper extremities, and decreased sensation over the bilateral hands. Treatment recommendations included continuation of current medication and 6 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (6 sessions) in conjunction with psychophysiological therapy (6 sessions):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: California MTUS Guidelines state behavioral therapy is recommended. California MTUS utilizes the ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has participated in previous psychotherapy and has demonstrated improvement in depression with psychotherapy treatment. However, a total of 14 visits of psychotherapy treatment have been certified for this patient to date. Therefore, an additional 6 sessions would exceed the guideline recommendations. As such, the request is non-certified.