

Case Number:	CM13-0037043		
Date Assigned:	06/11/2014	Date of Injury:	09/26/2011
Decision Date:	07/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

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 Psychologist 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 injured worker is a 61 year old female who reported an injury on 09/26/2011 due to an unspecified mechanism of injury. On 09/13/2013, she reported neck pain rated at a 6-7/10 and an occasional grabbing sensation in her right shoulder. Physical examination revealed straightening of the cervical and lumbar lordosis, thoracolumbar scoliosis, tenderness on palpation at the cervical paraspinal muscles along the facet joints, a positive spurling test on the right, 5/5 strength throughout the left upper extremity with weakness in the right, and decreased range of motion. The report stated that the injured worker was depressed, had feelings of hopeless/useless, and sometimes had suicidal thoughts. Her diagnoses were listed as cervical degenerative disc disease, C6-7 disc protrusion, C5-6 disc bulge, cervical spondylosis, right cervical radiculitis, status post bilateral carpal tunnel release, cervical stenosis, acromioclavicular and glenohumeral joint osteoarthritis, right shoulder impingement syndrome, right shoulder tendinitis versus tear, and major depression. Her medications included Tramadol 50mg, Ibuprofen 600mg, and Xanax. The treatment plan was for psychotherapy 1x12. Prior treatment included medial branch nerve blocks and medications for pain. The request for authorization was signed on 09/19/2013. The rationale for treatment was to treat her depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1X12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24.

Decision rationale: The request for psychotherapy 1 times 12 is not medically necessary. During an examination on 09/13/2013, the injured worker was noted to be depressed with feelings of hopelessness/uselessness and occasional suicidal thoughts. The California MTUS guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychotherapy should be considered after 4 weeks if there is a lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits is recommended. With evidence of objective functional improvement, a total of 6-10 sessions is recommended. Given the injured worker was depressed, had feelings of hopeless/useless, and sometimes had suicidal thoughts, a trial of psychotherapy would be supported. However, the request for psychotherapy once a week for 12 weeks exceeds the recommended guidelines. Without evidence of objective functional improvement after an initial 3-4 trial visits, additional visits are not supported. The request does not follow the guideline recommendations. As such, the request is not medically necessary.