

Case Number:	CM13-0046422		
Date Assigned:	03/03/2014	Date of Injury:	07/21/2011
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice 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 57 year-old female who reported an injury on 07/21/2011. The mechanism of injury was not provided in the medical records. The patient was diagnosed with unspecified major depression and posttraumatic stress disorder. The patient reported ongoing pain to the left shoulder, worse on the anterior than the posterior aspect. The patient also reported ongoing pain to the left lateral aspect of the upper arm and pain that radiated into the left radial aspect of the forearm. The patient reported intermittent numbness and tingling along the hypothinar region of the left hand and radiating into the left ring and little digit. The patient continued to sleep poorly secondary to her pain and continued to report significant depression and occasional suicidal thoughts. The patient's current medications included diclofenac, Sentra pm, Wellbutrin, Atterall, and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS WITH A PSYCHOLOGIST (ONE VISIT PER WEEK FOR TWELVE WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE BEHAVIORAL THERAPY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BEHAVIORAL INTERVENTIONS/PSYCHOLOGICAL TREATMENT Page(s): 23,101-102.

Decision rationale: According to the CA MTUS guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG cognitive behavioral therapy guidelines further state if lack of progress from physical medicine alone is documented, psychotherapy CBT would be considered. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvement, a total of up to 6 to 10 visits would be recommended. The documentation submitted for review shows the patient has completed an unknown number of psychotherapy visits. Due to the lack of documented objective functional improvement made within those psychotherapy sessions, the request for additional psychotherapy is not supported. Additionally, the guidelines state psychotherapy sessions are recommended up to 10 visits. The request exceeds the guidelines. Therefore, the request is not supported. Given the above, the request for 12 sessions with the psychologist (1 visit per week for 12 weeks) is non-certified.