

Case Number:	CM13-0048266		
Date Assigned:	01/31/2014	Date of Injury:	02/18/2007
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 injured worker is a 64-year-old female who reported an injury on 02/18/2007. The mechanism of injury involved repetitive heavy lifting. The injured worker is currently diagnosed with rotator cuff rupture, limb pain, rotator cuff syndrome, depression, shoulder pain, spinal stenosis in the cervical region, myofasciitis, dumping syndrome, tobacco use disorder, restless leg syndrome, and vertigo. The most recent physician progress report submitted for this review is documented on 1/27/2014. It is noted that the injured worker is currently treated by a psychiatrist on a weekly basis and a psychologist every other week for depression. Physical examination revealed no acute distress, decreased range of motion in all planes, tenderness to palpation, diminished strength in the right upper extremity, and diminished sensation to light touch in the right lateral deltoid. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY VISITS/MEDICATION MANAGEMENT VISITS X12 VISITS: Upheld

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

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

Decision rationale: California MTUS Guidelines utilize 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 allowed. It is noted in the documentation provided for review that the injured worker is currently treated by a psychiatrist on a weekly basis and a psychologist every other week for treatment of depression. However, there were no physician progress reports submitted by the attending psychiatrist. Therefore, there is no evidence of objective functional improvement. As such, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.