

Case Number:	CM13-0050496		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2009
Decision Date:	11/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry, 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:

Records reviewed include 27 pages of medical and administrative records. The injured worker is a 57 year old female whose date of injury is 11/30/2009. Her primary diagnosis is contusion of the back. She suffers from neck and shoulder pain with numbness in the tips of her fingers in both hands and left arm weakness. She was treated surgically and conservatively. She has the psychiatric diagnosis of adjustment disorder with anxiety and depression, which is complicated by chronic pain. [REDACTED] (orthopedic surgery) gave her a prescription of Prozac 20mg for her complaints of depression and difficulty with coping issues. Recommendation was for psychological evaluation with [REDACTED]. On 08/05/13 an office visit with [REDACTED] mentions that the patient was on nortriptyline and experiencing sedating side effects and recommending a trial of Lunesta for insomnia. The patient had been seeing [REDACTED] for her depression, which was significant. On 09/09/2013 she reported that meetings with [REDACTED] were dramatically helpful for her depression and pain management. She was on Lunesta, Ultracet, and ibuprofen. She received approval for six psychotherapy sessions from 09/26/2013-12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10 sessions over five (5) month period: 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 of 127.

Decision rationale: There are no records provided for review after approval for six psychotherapy sessions ending in 12/2013. Symptoms were not discussed and goals were not provided. There was no evidence provided of objective functional improvement from those sessions. There were no progress notes provided from her psychotherapy sessions, nor were there any quantifiable scales to rate her symptoms. Overall there was inadequate documentation to support this request. It is unknown how many sessions were used of those certified. As such, this request is not medically necessary.