

Case Number:	CM13-0053200		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2010
Decision Date:	04/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 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:

The patient is a 50-year-old female who sustained a work-related injury on June 28, 2010, when she slipped and fell on a wet floor and injured multiple body parts. On August 14, 2013, she was diagnosed with right knee internal derangement status post operative repair, bilateral shoulder impingement, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. The patient attended 12 sessions of psychotherapy and completed 6 weeks of a functional restoration program, from September 16 - October 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY SESSIONS 1X4 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The patient does require some modest continuing therapy sessions, as outlined in the final functional restoration program summary report, October 21-25, 2013. In this report it was noted that the patient had met most of the treatment goals; however, it was indicated

that the patient reported symptoms of agoraphobia, avoiding social engagements due to extreme anxiety. She reportedly had begun a course of exposure therapy to help her leave the house and tolerate being around people. Four additional sessions of pain psychology was recommended to increase her social, psychological and vocational functioning. Therefore, the requested pain psychology sessions are medically necessary and appropriate.