

Case Number:	CM13-0059637		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2008
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 41-year-old female who reported an injury on 10/15/2008 after she moved a heavy cart that reportedly caused injury to her right shoulder. It was also noted within the documentation that the patient sustained an injury due to a slip and fall on 07/13/2012. The patient was conservatively treated with physical therapy, medications and injections. It was recommended that the patient undergo left shoulder arthroscopic surgery. The patient underwent a psychological assessment in 08/2013 documented that the patient had significant findings for depression and anxiety. The patient was evaluated by agreed medical examiner in 09/2012 that recommended psychotherapy for the patient's anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment for anxiety, twenty-four (24) psychotherapy sessions (per the agreed medical exam (AME) on 8/20/2013): 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): 24.

Decision rationale: The Chronic Pain Guidelines recommend behavioral interventions for patients who have psychological symptoms associated with chronic pain. Clinical documentation submitted for review indicates that the patient has depression and anxiety related to chronic pain, which would benefit from behavioral interventions. However, the guidelines recommend that up to three to four (3 to 4) visits provide documentation of objective and subjective functional gains to support continuation of treatment. The clinical documentation submitted for review does not provide any evidence that the patient has had a trial of psychotherapy visits to support the requested twenty-four (24) sessions. There are no exceptional factors noted within the documentation to support extended treatment beyond guideline recommendations. As such, the requested treatment is not medically necessary or appropriate.