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| Case Number: | CM13-0062347 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 09/10/2012 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 a Licensed Clinical Psychologist, has a subspecialty in health psychology and pain management 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 claimant is a 51 year old female patient who reported an industrial/occupational work-related injury September 10th, 2012. Diagnoses include chronic pain syndrome, carpal tunnel syndrome bilateral, insomnia, generalized osteoarthritis and chronic pain disorder due to general medical condition. She has reported significant pain in her wrists and headache as well as muscular pain in the shoulders and neck possibly related to occipital neuralgia. She has insomnia and depression and has been prescribed Cymbalta for depression. The patient has pain and difficulty with general activities of daily living as well as most movements. The patient has been diagnosed with pain disorder related to psychological factors. A request for four additional psychotherapy sessions was made and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOLOGY SESSIONS QTY 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on the medical records provided for review, the patient has completed 6 out of 6 authorized sessions of psychotherapy. There was adequate documentation of these

sessions, including the number of sessions held, the basic things they are working on, and the results of these sessions with stated goals and dates for expected completion of these goals. The medical records indicates that the patient has demonstrated functional improvement, which includes becoming active; patient is considering and applied for a volunteer position at an elementary school and is also followed through with the [REDACTED] referral and was waiting for an appointment. There is improvement in her sleep hygiene and that there is work being done in her treatment to encourage formal relaxation interventions to help her remain calm in the face of pain experiences. The MTUS guidelines specifically state up to 10 sessions of cognitive behavioral therapy may be provided, this patient having had six sessions to date so far and with some functional improvement noted as a result of those sessions indicates that the request for an additional block of four sessions falls within the MTUS guidelines. Therefore, the request for additional psychology sessions, quantity 4 is medically necessary and appropriate.