

Case Number:	CM13-0069236		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2012
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 an employee of [REDACTED] and has submitted a claim for shoulder pain and adjustment disorder with anxiety associated with an industrial injury date of 02/13/2012. The treatment to date has included left humeral open reduction internal fixation and removal of left humeral hardware on 02/01/2013, emergency laminectomy on October 2013, physical therapy, home exercise, and medications such as Colace, Norco, Ativan, Depakote, Gabapentin, Tylenol, and Senna. Medical records from 2013 were reviewed showing that patient complained of left shoulder pain radiating down to the arm aggravated upon movement. Pain was associated with tingling and numbness at the ulnar aspect of left arm. This resulted to difficulty with dressing and donning on shoes. She likewise complained of depressed mood and low energy level. General appearance of patient was tearful, fatigued, and uncomfortable due to pain. There was tenderness over the rhomboids, pectoralis major and biceps, left. Range of motion of left shoulder was restricted towards rotation and abduction. Strength was diminished overall due to pain. Sensation was diminished at ulnar aspect of the hand and 4th -5th digits, left. The utilization review from 12/19/2013 denied the request for 10 psychotherapy sessions. The reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 PSYCHO THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-401.

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

Decision rationale: As stated on page 23 of California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). California MTUS supports an initial trial of 4 psychotherapy visits. In this case, patient is a diagnosed case of adjustment disorder with anxiety presenting with depressed mood and low energy level. The general appearance of the patient was tearful, fatigued, and uncomfortable due to pain. The patient is being prescribed with Lorazepam (Ativan), Divalproex Sodium (Depakote), and Gabapentin. The medical necessity for psychotherapy has been established, however, the present request exceeds the guideline recommendation of four visits as initial trial. Therefore, the request for 10 psychotherapy sessions is not medically necessary.