

Case Number:	CM14-0008964		
Date Assigned:	02/12/2014	Date of Injury:	12/16/2009
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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, 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 61 year old female with a date of injury of 12/16/2009. The injured worker suffered a "massive rotator cuff tear" while performing her work duties and chronic pain resulting from the same. A PR from 12/16/2013 lists subjective complaints as depression, anxiety, shoulder pain. Objective findings are depression, crying, anxiety. The diagnosis listed are Pain disorder associated with Psychological factors and General Medical Condition and Major Depressive disorder, single, moderate. The report suggests that the injured worker has received 5 treatment sessions to date and has two remaining. Six additional sessions were requested by the provider "due to continued symptoms of depression and anxiety and positive response to initial treatment goals."

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSION X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 23, 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The MTUS Chronic Pain Guidelines recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The MTUS Chronic Pain Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had at least 5-7 sessions so far. Per a PR from 12/16/2013 the employee has received 5 sessions by that date and had two additional remaining. There has been no mention of "objective functional improvement". The medical necessity of 6 additional sessions cannot be affirmed at this time without any evidence of objective functional improvement.