

Case Number:	CM14-0103844		
Date Assigned:	07/30/2014	Date of Injury:	01/23/2009
Decision Date:	09/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Psychology and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 01/24/2009 due to cumulative trauma. On 01/13/2014 the injured worker presented with neck pain radiating into the shoulders and arms, low back pain radiating down the lower extremity and left, greater than right, knee pain. Upon examination the range of motion of the right shoulder revealed values of 140 degrees of flexion, 150 degrees of abduction, 40 degrees of extension with pain that elicits at the end of the range. The diagnoses were status post right shoulder arthroscopic surgery. Prior therapy included surgery and medications. The provider recommended psychotherapy 1 time a week for 12 weeks and rationale was not provided nor was the Request for Authorization Form included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy 1 Week x 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): page(s) 23.

Decision rationale: The request for psychotherapy 1 time a week for 12 weeks is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after 4 weeks, when patient has lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The request for individual psychotherapy 1 time a week for 12 weeks exceed the guideline recommendation. As such, the request is not medically necessary.