

Case Number:	CM14-0012377		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2010
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 43 year-old female (DOB 10/27/70) with a date of injury of 1/28/10. The claimant sustained injury to her neck, right shoulder, right elbow, right thumb and right index finger while working as a respiratory therapist at [REDACTED]. It is reported that while trying to intubate a patient, the claimant reached for the tubing supplies and heard a pop and immediately experienced pain and was unable to hold up her arm. In his progress report (PR-2) report dated 1/2/14, [REDACTED] diagnosed the claimant with Post laminectomy syndrome. She has been treated via physical therapy, medications, and surgery. It is also noted that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Qualified Medical Examination" report dated 6/12/13, [REDACTED] diagnosed the claimant with: (1) Mood disorder due to a medical and orthopedic condition with mixed emotional features; (2) Adjustment disorder, NOS; and (3) Generalized anxiety disorder. Additionally, [REDACTED], in his 10/25/13 "Consulting Physician's Comprehensive Psychiatric Evaluation & Psychological Testing" diagnosed the claimant with: (1) Adjustment disorder, unspecified; (2) Pain disorder associated with both psychological factors and a general medical condition, in remission by patient's history; and (3) Alcohol use disorder, in full remission, by patient's history.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) PSYCHOTHERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PSYCHOTHERAPY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE THERAPY FOR DEPRESSION

Decision rationale: Based on the review of the medical records, the claimant has not received any psychological services since her industrial injury in 2010. In each of their reports, [REDACTED] and [REDACTED] suggested psychotherapy services for the claimant. This request represents an initial request for psychotherapy. Given that the claimant has only completed a QMR evaluation with [REDACTED] and a psychiatric consultation with [REDACTED], the request for twenty-four (24) psychotherapy services exceeds the total number of initial sessions set for by the Official Disability Guidelines. The Official Disability Guidelines indicate that an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. As a result of the aforementioned guideline, the request for is not medically necessary.