

Case Number:	CM14-0153088		
Date Assigned:	09/23/2014	Date of Injury:	03/20/2011
Decision Date:	12/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 claimant is a 47 year-old female [REDACTED] with a date of injury of 3/20/11. The claimant sustained injuries to her right shoulder and neck when she fell while working as a department head in the service deli for [REDACTED]. In her PR-2 report dated 8/29/14, [REDACTED] diagnosed the claimant with: (1) Anxiety; (2) Depressive disorder; (3) Lesion of ulnar nerve; (4) Hypertensive disorder; (5) Shoulder joint pain; (6) Displacement of cervical intervertebral disc without myelopathy; (7) Degeneration of cervical intervertebral disc; (8) Spinal stenosis in cervical region; (9) Neck pain; (10) Full thickness rotator cuff tear; (11) Defect of vertebral segmentation; and (12) Brachial neuritis. Additionally, in his PR-2 report dated 7/3/14, [REDACTED] diagnosed the claimant with: (1) Right carpal tunnel syndrome; (2) Status post right cubital tunnel release; and (3) Clinical evidence of left carpal tunnel syndrome. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Psychological Diagnostic Intake Report" dated 9/2/14, [REDACTED] diagnosed the claimant with: (1) Anxiety disorder, NOS; (2) Major depressive disorder, single episode, moderate-reactionary; (3) Pain disorder with both emotional factors and a medical condition; and (4) Sleep disorder NOS secondary to pain and anxiety. The request under review is for initial psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Pain-related Psychotherapy 2x /month for 12 sessions for Anxiety/Depression:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in March 2011. She has also developed psychiatric symptoms of depression and anxiety secondary to her pain. As a result, the claimant completed an initial intake with psychologist, [REDACTED], on 9/2/14. In that report, [REDACTED] recommended 12 psychotherapy sessions. The request under review is based upon that recommendation. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" while the ODG recommends an "initial trial of 6 visits over 6 weeks." Given these guidelines, the request for an initial 12 psychotherapy sessions is excessive. As a result, the request for "Individual Pain-related Psychotherapy 2x /month for 12 sessions for Anxiety/Depression" is not medically necessary.