

Case Number:	CM14-0156571		
Date Assigned:	10/13/2014	Date of Injury:	01/20/2012
Decision Date:	11/26/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 a licensed Psychologist, 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 39 year-old male (██████████) with a date of injury of 1/20/12. The claimant sustained injury to his neck, back, and right upper extremity when he slipped and fell on wet concrete while working for ██████████. In his "Initial Consultation" dated 7/8/14, ██████████ offered the following diagnostic impressions: (1) Lumbar strain/sprain/contusion associated with a January 20, 2012 slip and fall on wet concrete; (2) Severe emotional overlay; and (3) MRI evidence of an L5-S1 annular bulge. Additionally, in his "Primary Treating physician's Progress Report" dated 8/12/14, ██████████ diagnosed the claimant with: (1) Chronic neck pain, MRI of the cervical spine from 10/15/12 was negative; (2) S/P right shoulder surgery on 5/15/13 ██████████. MR arthrogram from 8/19/13 showed intact rotator cuff, prior anterior superior labrum repair, findings suspicious for a tear of the superior labrum; (3) Chronic regional pain syndrome on the right upper extremity, following his second right shoulder surgery; (4) Chronic low back pain. MRI report of the lumbar spine from 10/4/12 showed a dehydrated L5-S1 disk with tiny dorsal disk protrusion and a subtle annulus fissure. (5) EMG of right upper extremity from 2/11/13 was within normal limits; and (6) RSD of right upper extremity after surgical repair. The claimant has been treated with medications, TENS unit, physical therapy, acupuncture, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her initial evaluation dated 5/1/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Panic disorder without agoraphobia; (3) Pain disorder associated with psychological factors; and (4) R/O Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in January 2012. He also developed psychiatric symptoms of depression and anxiety secondary to his pain. In her initial evaluation dated 5/1/14, [REDACTED] recommended "brief psychotherapy (6-8 sessions) to focus on ways of managing his anxiety and depression." The request under review is based on [REDACTED] recommendation. Unfortunately, the request for "Psychotherapy Sessions" remains too vague as it does not indicate how many sessions are being requested nor does it describe the frequency of the sessions. Without this information, the request for "Psychotherapy Sessions" is not medically necessary.