

Case Number:	CM14-0159085		
Date Assigned:	10/02/2014	Date of Injury:	10/31/2011
Decision Date:	12/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 45 year-old female (██████████) with a date of injury of 10/31/11. The claimant sustained cumulative injuries to her neck, shoulders, and back as the result of repetitive movements while working as a Classified Administrative Specialist for ██████████. In the "Primary Treating Physician's Progress Report" dated 10/21/14, ██████████ diagnosed the claimant with: (1) Chronic neck pain; (2) Thoracic outlet syndrome; (3) Left shoulder internal derangement; (4) Chronic pain syndrome; and (5) TMJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy with ██████████: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 101-102; 23.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic

pain since her injury in October 2011. It does not appear that she has participated in any psychological services. [REDACTED] appears to have recognized the claimant's difficulties improving and suggested pain management CBT with [REDACTED]. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." The request under review is premature as there has yet to be a psychological evaluation completed that not only will offer more specific psychiatric diagnostic information, but will also offer appropriate treatment recommendations. Additionally, the request for "Psychotherapy with [REDACTED]" is too vague as it does not indicate the number of sessions being requested nor the frequency for the sessions. As a result of the above rationale, the request for "Psychotherapy with [REDACTED]" is not medically necessary. It is suggested that a psychological evaluation be completed prior to the request for services.