

Case Number:	CM14-0177541		
Date Assigned:	10/31/2014	Date of Injury:	06/01/2012
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 47 year-old male [REDACTED] with a date of injury of 6/1/12. The claimant sustained injury to his neck, back, and right shoulder as the result of cumulative trauma/repetitive movements while working as a maintenance supervisor/mechanic for [REDACTED]. In her 8/25/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Lumbao; (2) Lumbosacral spondylosis with facet arthropathy at L4-5 and L5-S1; (3) Carpal tunnel syndrome s/p/ CTR right; (4) Shoulder region dis NEC- right s/p surgery; and (5) Sprain shoulder/arm NS - right. Additionally, in his evaluation report dated 8/8/14, QME, [REDACTED], diagnosed the claimant with: (1) Status post repair of right acromioclavicular joint separation, 1991 or 1992, by patient history; (2) Status post carpal tunnel release, 1991 by patient history; (3) Right shoulder strain with impingement syndrome, rule out rotator cuff tear; (4) Bilateral hand/wrist strains; (5) Cervical strain; and (7) Lumbosacral strain with radicular pain. The request under review is for psychotherapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 psychological counseling visits over one month for chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in June 2012. It is unclear whether the claimant has received any psychological services. In a PR-2 report dated 6/2/14, [REDACTED] indicated that the claimant had completed a psychological evaluation. However, there is no record that one was actually completed. Although the claimant completed a psychiatric AME, in which pain management psychological services were suggested, it does not appear that he has completed a recent psychological evaluation. Without a psychological evaluation that offers specific diagnostic information and appropriate treatment recommendations, the need for psychological services cannot be fully determined. Additionally, the request for 20 psychotherapy sessions exceeds the recommended number of initial sessions as indicated by the CA MTUS. As a result, the request for "20 psychological counseling visits over one month for chronic pain" is not medically necessary.