

Case Number:	CM14-0020194		
Date Assigned:	04/25/2014	Date of Injury:	02/26/2007
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic limb pain, lateral epicondylitis, shoulder pain, wrist pain, and depression reportedly associated with an industrial injury of February 26, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; psychological evaluation; and unspecified amounts of psychotherapy, per the claims administrator. In a utilization review report of February 4, 2014, the claims administrator stated that the applicant had reportedly had psychotherapy in January 2012 through July 2013. The overall utilization review report was difficult to follow. The claims administrator cited non-MTUS Guidelines in its denial, although did address the portions of the request. The utilization reviewer stated that the applicant had not formerly a return to work plan. The applicant's attorney subsequently appealed the denial. A December 28, 2014 progress note is notable for comments that the applicant's pain levels and activities levels remain unchanged. The applicant was on Cymbalta, Voltaren, glipizide, Metformin, Motrin, Zocor, and Tylenol with Codeine. The applicant did have issues with anxiety and depression, managed with regular monthly visits with a psychologist, it was stated. The applicant was described as permanent and stationary. The applicant is asked to continue individual psychotherapy versus the functional restoration program. The applicant was now working with permanent restrictions in place, it was stated. An earlier note of November 1, 2013 stated that the applicant had completed eight recent sessions of psychotherapy, felt to be beneficial, and wished to continue with the same. The applicant believes that psychotherapy was helpful for his mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) SESSIONS OF PAIN EDUCATION AND COPING SKILLS THERAPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the ten sessions of psychotherapy being sought here represent treatment at the upper end of 6 to 10 session maximum endorsed in the MTUS guidelines for identification and reinforcement of coping skills to treat chronic pain. In this case, the attending provider has not furnished a compelling rationale for treatment of this duration, extent, and magnitude. The applicant has already had prior unspecified amounts of psychotherapy over the life of the claim, including as frequently as once a week to once a month at earlier points during the course of treatment. The attending provider has not made a compelling case for further treatment in excess of the 10-session MTUS-endorsed maximum course. Therefore, the request is not medically necessary.