

Case Number:	CM14-0033992		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2002
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 licensed in Psychologist and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 12/11/2002 secondary to cumulative trauma. Her diagnoses include major depressive disorder, anxiety disorder, and pain disorder associated with both psychological factors and an orthopedic condition. Her previous treatments were noted to include 58 psychological visits, antidepressants, bilateral carpal tunnel release surgeries, 2 right shoulder surgeries, and 2 left shoulder surgeries. A 02/12/2014 clinical note indicated that the injured worker's individual psychological visits had been helping her to accept her level of pain and limitations, which will continue even after surgeries. It was also noted that she was helped to manage the stress and emotional distress related to her pain and limitations. A recommendation was made for additional sessions to continue to support her through the recovery process of an upcoming shoulder surgery and optimize her chances of having a positive outcome following the surgery. A request for authorization form for 6 additional individual psychotherapy sessions was submitted on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Individual Psychological Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological Treatment. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Mental Illness and stress, Psychotherapy GuidelinesODG- Mental Illness and stress, Psychotherapy Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, psychotherapy with cognitive behavioral therapy may be supported for up to 6 to 10 visits over 5 to 6 weeks to identify and reinforce coping skills for patients being treated for chronic pain. The clinical information submitted for review indicates that the injured worker has completed 58 previous psychotherapy sessions. It was noted that her ability to cope with her pain and limitations has improved. However, the documentation failed to provide objective evidence of improvement and significant exceptional factors to warrant continue therapy beyond her previous 58 visits, as the Guidelines only recommend up to 10. As such, the request for six (6) additional individual psychological sessions is not medically necessary.