

Case Number:	CM14-0045925		
Date Assigned:	07/02/2014	Date of Injury:	10/21/2011
Decision Date:	08/15/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Psychiatry 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:

Injured worker is a 44 year old female with date of injury 10/21/2011. Date of the UR decision was 4/8/2018. She underwent cumulative trauma at work which affected her neck, wrist, back and shoulder. Per report dated 3/6/2014, she has undergone carpal tunnel release surgery on right side. Objective findings included spasm, tenderness and guarding in paravertebral musculature of cervical and lumbar spine with decreased range of motion. She has decreased sensation over C6 and L5 dermatomes bilaterally. It was also indicated that she fell on 09/07/2012 secondary to dizziness from Vicodin, however the nature of this injury being industrial was being debated. The primary treating provider requested for 18 sessions of Psychotherapy per that report. Report from 6/11/2013 suggested that a Psychological evaluation and 4 sessions of Psychotherapy were requested for depression and anxiety, however it is unclear if it was authorized or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Psychotherapy sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. Upon review of the submitted documentation, it is unclear if she has undergone an initial trial of Psychotherapy or not. A request for a Psychological evaluation and 4 sessions of Psychotherapy were requested for depression and anxiety on 6/11/2013, however it is unclear if it was authorized or not. However, regardless of whether the injured worker has undergone an initial trial or not, the request of 18 Psychotherapy sessions is excessive and thus not medically necessary.