

Case Number:	CM14-0053414		
Date Assigned:	07/07/2014	Date of Injury:	01/16/2013
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 61 year-old female with a date of injury of 1/16/13. The claimant sustained injury to her right shoulder and cervical spine when she tried to help lift a patient falling from his wheelchair while working as an [REDACTED]. In his Treating Physician's Progress Report dated 6/20/14, [REDACTED] diagnosed the claimant with: (1) Sprain/strain of neck; (2) Unspecified disorder bursae tendons shoulder; (3) Degeneration cervical IV disc; and (4) Brachial neuritis/radiculitis other. She has been treated via medication, physical therapy, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In his Initial Psychological Report, [REDACTED] diagnosed the claimant with Depressive disorder, NOS, moderate-severe and Adjustment disorder with anxiety, moderate. In his Stauts Report dated 3/28/14, [REDACTED] added a diagnosis of Pain disorder, chronic. The claimant has been treated via individual psychotherapy sessions. It is the claimant psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued psychotherapy sessions 1 x 12 (CT pain management, depression, anxiety):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Intervention for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant completed an initial psychological evaluation on 11/11/13 and was subsequently authorized for an initial 6 psychotherapy sessions. She actually completed a total of 7 psychotherapy sessions with [REDACTED] between November 2013 and February 2014. In his Treating Physician's Progress Report dated 5/29/14, [REDACTED] wrote, depression continues to be a problem, she would benefit from behavioral pain management with [REDACTED], which is extremely effective. Were it not for the chronic pain combined with the loss of function, as well as the financial strain that she is under being on disability, she would not be experiencing this level of depression. In his Status Report dated 3/28/14, [REDACTED] presents relevant information demonstrating the need for further services. The ODG indicates recommends that for the cognitive treatment of depression there is to be an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Based on this guideline, the request for an additional 12 sessions is appropriate. As a result, the request for Continued psychotherapy sessions 1 x 12 (CT pain management, depression, anxiety) is medically necessary.