

Case Number:	CM14-0063794		
Date Assigned:	07/11/2014	Date of Injury:	06/17/2011
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 35-year-old female who reported an injury on 06/17/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder and suffered emotional distress. The injured worker's treatment history included medications, surgical intervention for the shoulder, cognitive behavioral therapy, and individual psychotherapy. The injured worker was evaluated on 01/22/2014. It was reported that the injured worker complained of decreased concentration and difficulty sleeping. The injured worker underwent a Beck Depression Inventory and scored a 29. The injured worker underwent a Beck Anxiety Index Questionnaire and scored a 30. A request was made for additional psychotherapy; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 24.

Decision rationale: The request for psychotherapy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in similar therapy. The California Medical Treatment Utilization Schedule recommends up to 6 to 10 visits over 5 to 6 weeks as appropriate intervention for behavioral issues related to chronic pain. The clinical documentation submitted for review does not adequately address the efficacy of prior therapy to support continued therapy. Furthermore, the request submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested psychotherapy is not medically necessary or appropriate.