

Case Number:	CM14-0072617		
Date Assigned:	07/16/2014	Date of Injury:	07/07/2005
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 53 year-old male with a date of injury of 7/7/05. The claimant sustained an electrocution injury to resulting in pain in multiple body parts including his neck, shoulder, low back, left knee, and right wrist. The claimant sustained these injuries while working for the [REDACTED]. In his PR-2 report dated 3/21/14, [REDACTED] diagnosed the claimant with Chronic pain state/chronic headaches, Dyspepsia/GERD, Type-2 diabetes mellitus, Anxiety/depression, Insomnia/ OSA with excessive daytime sleepiness, Hypertension, stress aggravated, Overweight, Hypogonadism with erectile dysfunction (ED); and Xerostomia. It is also reported that the claimant experiences psychiatric symptoms related to his work-related injury. He has been treating with psychologist, [REDACTED]. In his PR-2 report dated 3/31/14, [REDACTED] diagnosed the claimant with omatic symptoms disorder with predominant pain, persistent, severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 1 time per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Interventions. pg. 23.

Decision rationale: The California MTUS guideline for the use of behavioral interventions for

the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic and persistent pain stemming from his work-related injury from July 2005. He also experience symptoms of depression as well. He has been treating with psychologist, [REDACTED]. Based on the most recent PR-2 report sbmitted for review by [REDACTED], the claimant continues to be symptomatic and require psychological services however, the number of completed sessions to date and the exact progress/improvements from those sessions is not known. The California MTUS guideline indicates an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. Without this information, the need for continued services cannot be fully established. Additionally, the request for psychotherapy, 1 time per week does not specify the exact number of sessions being requested nor the duration for which the sessions are to occur. As a result, the request for Psychotherapy 1 time per week is not medically necessary.