

Case Number:	CM14-0082125		
Date Assigned:	07/21/2014	Date of Injury:	10/18/2013
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This case involves a 64 year-old female with a date of injury of 10/18/13. The injured worker sustained an injury when she was moving furniture and she slipped and fell resulting in the fracture of her left distal radius. The primary treating physician's pain management report dated 04/28/2014, the diagnosis include complex regional pain syndrome of the upper limb. She has been treated via medications, physical therapy and surgery. It is also reported that the claimant has experience chronic pain as well as developed psychiatric symptoms secondary to her work- related orthopedic injury. In the comprehensive psychological pain evaluation dated 05/08/2014 the injured worker was diagnosed with mood disorder and anxiety disorder due to chronic pain. The request under review is for initial psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy X 10 Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Psychological treatment page(s) 101-102.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury October 2013. She has also developed symptoms of depression and anxiety secondary to her chronic pain. In the progress report dated 04/28/2014, the injured worker had received approximately 12-14 psychotherapy sessions which was paid out of pocket. As a result the treating doctor requested a psychological consultation, which was completed on 05/08/2014. In her initial psychological evaluation it was recommended that she undergo 10 psychotherapy sessions. It was noted that the injured worker did receive a modified authorization for 4 cognitive behavioral therapy sessions. The CA MTUS recommends 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. Given this guideline, the request for an initial 10 sessions exceeds the total number of initial sessions recommended. As a result, the request for cognitive behavioral therapy x 10 visits is not medically necessary.