

Case Number:	CM14-0089614		
Date Assigned:	07/23/2014	Date of Injury:	12/09/2005
Decision Date:	09/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in Tennessee, California, and Florida. 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 47 year old female whose date of injury is 12/09/2005. The mechanism of injury is described as repetitive typing/writing. Treatment to date includes bilateral carpal tunnel syndrome in approximately 2007 or 2008, right shoulder arthroscopy on 01/21/08, diagnostic testing, individual psychotherapy and medication management. Progress note dated 05/14/14 indicates that the injured worker reports she has no motivation, receives no pleasure with life. Mood was depressed and affect was restricted. Treatment plan was to continue psychotherapy on a weekly basis. Diagnoses are cervical facet arthropathy, lumbar facet arthropathy, fibromyalgia, depression, bilateral carpal tunnel syndrome, status post carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy #10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23.

Decision rationale: The submitted clinical records indicate that the injured worker has undergone prior individual psychotherapy; however, the number of sessions completed to date is not documented. The injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment. The California Medical Treatment Utilization Schedule guidelines would support up to 10 visits of individual psychotherapy with evidence of objective functional improvement, and there is no clear rationale provided to support exceeding this recommendation. Therefore, Individual Psychotherapy #10 sessions is not medically necessary.