

Case Number:	CM14-0008161		
Date Assigned:	03/28/2014	Date of Injury:	10/05/2005
Decision Date:	03/27/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 50 year old male who sustained an industrial related injury on 10/5/05. The injured worker had complaints of anger, anxiety, impaired concentration, impaired memory, irritability, suicidal ideation, depression, diminished energy, and exaggerated startle response. Pain in the shoulders, back, knees, and hips were also noted. Diagnoses included bilateral carpal tunnel syndrome, cervical discopathy, cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral knee internal derangement, and vertebral artery dissection secondary to recent motor vehicle accident. Treatment included psychotherapy. The treating physician requested authorization for psychological treatment. On 12/24/13 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical reports do not establish objective and measured functional gains as a result of previous psychotherapy. The numbers of visits completed were not identified. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 PSYCHOLOGICAL TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines

Decision rationale: The requested PSYCHOLOGICAL TREATMENT , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has pain to the shoulders, back, knees and hip. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, PSYCHOLOGICAL TREATMENT is not medically necessary.