

Case Number:	CM14-0126018		
Date Assigned:	08/13/2014	Date of Injury:	06/01/2009
Decision Date:	02/24/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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: Psychologist

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 (IW) is a 51 year-old female [REDACTED] with a date of injury of 06/01/2009. The IW sustained injury to her shoulder when she was putting a wheelchair into her car while working as a caregiver for the [REDACTED]. She has been diagnosed with: Cervical radiculitis; rotator cuff injury; and Chronic pain syndrome. She has also developed psychological symptoms and has been diagnosed with: Major depressive disorder, single episode, severe, without psychotic features; and Pain disorder associated with both psychological factors and a general medical condition. She has been participating in psychotherapy and has completed a total of 12 sessions between February 2014 through June 2014. The request under review is for an additional 6 psychotherapy sessions, which were denied by UR on 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 more weekly Psychotherapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Cognitive therapy for depression and on the Non MTUS Official Disability Guidelines (ODG), Psychotherapy Guidelines: Initial trial of 6 visits over 6 weeks.

Decision rationale: The IW has completed a total of 12 psychotherapy sessions between the beginning of February 2014 through June 13, 2014. In the 6/6/2014 psychological report, it is noted that the IW continues to be symptomatic and experiencing continued pain. However, it is reported that she has made "progress in the understanding of main pain concepts, the role of the mind/body connection, and in identifying the influences of other emotions and attitudes upon pain level." The ODG recommends a total of up to 20 psychotherapy sessions as long as CBT is being done and objective functional improvements are being made. Although the progress reported in the 6/13/14 report is not objective, there does appear to be some improvements being made. Since the request for an additional 6 sessions remains within the total number of 20 recommended sessions, it appears to be a reasonable request.