

Case Number:	CM14-0143794		
Date Assigned:	09/12/2014	Date of Injury:	03/09/2011
Decision Date:	01/28/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Psychologist (PHD, PSYD) 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 injured worker (IW) is a 47 year-old female (██████████) with a date of injury of 3/9/2011. The injured worker sustained injury to her left shoulder while working for the ██████████. The mechanism of injury was not found within the supplied medical records. In his PR-2 report dated 7/14/14, treating physician, ██████████ offered the following assessment: (1) Reflex sympathetic dystrophy of the upper limb; (2) Acute reaction to stress with disturbance of emotions; (3) Arthralgia of the left shoulder region; (4) Subluxation of the left shoulder girdle; and (5) Subacromial bursitis on the left. Due to the IW's reported stress and her request to restart psychotherapy, ██████████ recommended resuming psychotherapy sessions. The request under review is for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling session 2x month x 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral intervention. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT); Psychological treatment

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

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the minimal medical records submitted for review, the injured worker has continued to experience pain since her injury in March 2011. It is noted that she also experiences stress and depressed mood secondary to her work-related orthopedic injury. In his PR-2 report dated 7/14/14, [REDACTED] indicated that the injured worker "does feel depressed and often just wants to live as a hermit." In his treatment plan he wrote, "Patient had been counseling with [REDACTED] and it had been helpful. [REDACTED] is no longer counseling and patient would like to restart. Would recommend restarting counseling." Although [REDACTED] recommended additional therapy, there were no psychological records from [REDACTED] included for review. As a result, it is unclear as to when the injured worker was receiving therapy from [REDACTED], how many sessions were completed, and the progress/improvements made from those sessions. If the therapy had been completed over a year ago, a current psychological evaluation may be helpful. Without any information about the injured worker's prior psychological services, the request for psychotherapy cannot be fully substantiated. As a result, the request for "Counseling session 2x month x 4 months" is not medically necessary.