

Case Number:	CM14-0181611		
Date Assigned:	11/06/2014	Date of Injury:	09/28/2011
Decision Date:	03/02/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 39 year-old female (██████████) with a date of injury of 9/28/2011. The IW sustained injuries to her bilateral arms, wrists, shoulders, and neck as part of her usual and customary duties while working for ██████████. It is also reported that the IW developed psychological symptoms and has been diagnosed with: Pain disorder associated with both psychological factors and a general medical condition; Major depressive disorder, single episode, moderate; and Anxiety disorder, NOS. She has been receiving monthly psychotherapy sessions from ██████████. The request under review is for an additional 6 psychotherapy sessions over a 4 month period, which was denied by UR on 10/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, six visits over four months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in September 2011. She has also been experiencing psychological symptoms secondary to her work-related orthopedic injuries. She has been participating in psychotherapy sessions approximately once per month with psychologist, [REDACTED]. It appears that the IW has been authorized for 12 psychotherapy sessions thus far since the end of 2013. In his progress report dated 9/22/2014, [REDACTED] failed to include how many sessions had been completed. He did report that the IW appeared to be benefitting from the services however, no objective functional improvements were documented. The Official Disability Guidelines specifically indicates that for additional services, objective functional improvements need to be demonstrated from the CBT sessions. Without sufficient information to substantiate the need for additional therapy, the request for an additional 6 psychotherapy sessions is not medically necessary.