

Case Number:	CM14-0186304		
Date Assigned:	11/14/2014	Date of Injury:	05/26/2011
Decision Date:	01/02/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/10/2014

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 Psychology 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 claimant is a 47 year-old female with a date of injury of 5/26/11. The claimant sustained injuries to her bilateral upper extremities as well as her hands, wrist, and neck as the result of repetitive movements associated with her usual and customary job duties. In his 10/28/14 "Encounters and Procedures" note, [REDACTED] diagnosed the claimant with: (1) Carpal tunnel syndrome; and (2) Depressed mood. The claimant has been treated with medications, physical therapy, occupational therapy, injections, and psychotherapy. The request under review is for additional psychotherapy sessions following a seventh month interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Pain Psychology Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive

treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain despite receiving several conservative treatments. She also continues to experience symptoms of depression secondary to her chronic pain. It appears that the claimant participated in 6 CBT sessions with therapist, Antoinette Morley, LMFT, in February and March 2014. Additional sessions were subsequently denied due to a lack of evidence of objective functional improvements. The claimant continued to struggle with both her chronic pain and psychiatric symptoms. In July 2014, the claimant received an authorization for a multidisciplinary evaluation related to an FRP. Despite the recommendations to participate in the FRP, the claimant was denied due to a lack of prior psychological services. Given that the claimant's prior psychological services were completed approximately 7 months prior to this request, the request for psychology sessions can be treated as if they are initial sessions. The CA MTUS recommends an initial trial of 3-4 visits whereas the ODG recommends an initial trial of 6 visits. Utilizing these guidelines, the request for 6 psychology sessions is appropriate and falls within the recommendations. As a result, the request for "6 Pain psychology sessions" is medically necessary.