

Case Number:	CM14-0190618		
Date Assigned:	11/21/2014	Date of Injury:	07/08/2009
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 injured worker is an unknown aged male with a date of injury of 7/8/09. The injured worker sustained injuries to his bilateral arms, shoulders, and back while working for the [REDACTED]. In his PR-2 report dated 10/14/14, [REDACTED] diagnosed the injured worker with: (1) Lateral epicondylitis; (2) Ulnar nerve lesion; (3) Carpal tunnel syndrome (bilateral); (4) Sprain and strains of neck; and (5) Sprain and strains of lumbar region. [REDACTED] also noted that the injured worker still has "persistent stressors at work" and suggested that the injured worker return to treating psychologist, [REDACTED] for additional psychological sessions. The request under review is based upon [REDACTED] recommendation. Unfortunately, there are no psychological records offered for review regarding the injured worker's prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for pain and stress management with [REDACTED] Qty: 4:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

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 review of the medical records, the injured worker continues to experience stress at work and reports symptoms of anxiety. He had been treated by psychologist, [REDACTED] earlier in 2014 and had been authorized for 8 psychotherapy sessions on 3/4/14. Unfortunately, none of [REDACTED] records are included for review. Without information about the injured worker's prior services such as how many sessions were completed and the progress made from those sessions, the need for additional psychotherapy cannot be fully determined. As a result, the request for additional "Psychotherapy for pain and stress management with [REDACTED] Qty: 4" is not medically necessary.