

Case Number:	CM14-0199000		
Date Assigned:	12/08/2014	Date of Injury:	07/02/2002
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 licensed 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 is a 56 year-old male (██████████) with a date of injury of 7/2/2002. The injured worker sustained injury while working for ██████████. The mechanism of injury was not found within the supplied medical records. In his progress note dated 11/1/14, ██████████ diagnosed the injured worker with: (1) Unspecified thoracic/lumb neuritis/radiculitis; (2) Brachial neuritis/radiculitis; (3) Carpal tunnel syndrome; (4) Lesion of ulnar nerve; (5) Chronic pain syndrome; and (6) Anxiety disorder in other conditions. It is also reported that the injured worker experiences psychiatric symptoms including anxiety and depression with occasional suicide ideation. He has been receiving psychotropic medications from ██████████ for which there were no notes included for review. He has also been receiving psychotherapy from treating Psychologist, ██████████. Although there were 4 progress notes included for review from ██████████, there were no psychiatric diagnoses provided. The request under review is for an additional 8 psychotherapy sessions with ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral Pain Management 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain; Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions 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 injured worker has continued to experience chronic pain since his injury in July 2002. He has also been struggling with psychiatric symptoms secondary to his orthopedic injuries and chronic pain. It appears that the injured worker received psychological services in the early 2000's from [REDACTED]. It is unclear whether the injured worker received any other psychological services between treating with [REDACTED] and beginning psychotherapy with [REDACTED] in either 2013 or 2014. Based on the records, the injured worker has been treating with [REDACTED] for at least 8 sessions. In June 2014, the injured worker was authorized for an additional 8 psychotherapy sessions. There are no records provided from [REDACTED] indicating how many sessions were completed prior to this authorization for additional treatment. Therefore, the exact number of completed sessions to date is unknown. Additionally, there were only 4 of an authorized 8 progress notes dated 9/18/14, 9/24/14, 9/30/14, and 10/28/14 included for review. Without more information about all of the recent services including the number of completed sessions to date and the injured worker's objective functional improvements from the services, the need for additional treatment cannot be fully determined. As a result, the request for "Behavioral Pain Management 8 visits" is not medically necessary.