

Case Number:	CM14-0206551		
Date Assigned:	12/18/2014	Date of Injury:	09/28/2012
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 49 year-old female ([REDACTED]) with a date of injury of 9/28/2012. The injured worker sustained injury to her hand when she was assaulted by a student whom she was restraining while working as a teacher for the [REDACTED]. She has been treated with medications, injections, physical therapy, and use of hand splints. It is also reported that the injured worker developed psychological symptoms secondary to her orthopedic injuries and pain. She is diagnosed with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Major depressive disorder, moderate; (3) Anxiety disorder, NOS; and (4) a rule out of sleep disorder due to chronic pain, insomnia type. She has been treated for her psychological symptoms with individual psychotherapy. The request under review is for an additional 15 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy with a psychologist x 15 sessions: 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 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 (ODG) for the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the injured worker has been receiving psychological services to manage and reduce symptoms of depression and anxiety as well as to manage chronic pain more effectively. It is unclear from the various PR-2 reports submitted for review as to how many sessions have been completed to date. Additionally, there are no objective functional improvements mentioned as a result of the completed sessions. Due to insufficient information to substantiate the need for additional services, the request for additional cognitive behavioral therapy with a psychologist x 15 sessions is not medically necessary.