

Case Number:	CM14-0208713		
Date Assigned:	12/22/2014	Date of Injury:	06/11/2010
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 28 year-old female [REDACTED] with a date of injury of 6/11/2010. The injured worker sustained injuries to her neck and back when she slipped and fell while working for the [REDACTED]. She has been diagnosed with Lumbar sprain, Thoracic back sprain and Neck sprain. In a psychosocial evaluation completed on 9/3/2014 by [REDACTED], the injured worker was assessed to be "experiencing a chronic pain disorder as well as significant depression, anxiety, and impaired sleep." She was diagnosed with Psychophysiologic disorder/Psychic factors associated with diseases classified elsewhere. The request under review is for an initial trial of 6 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of Pain Psychology 1x6weeks: Overturned

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

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 to treat 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 injured worker has continued to experience chronic pain since her injury in June 2010. Although she has not yet been diagnosed with a Major Depressive Disorder, she is exhibiting symptoms of depression and anxiety secondary to her chronic pain. In his psychosocial evaluation completed on 9/3/2014, [REDACTED] recommended follow-up psychotherapy services to help the injured worker learn skills to better manage her pain as well as her depression and anxiety. He suggested an initial trial of 6 visits. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks" for chronic pain while the ODG recommends an "initial trial of 6 visits over 6 weeks". Because the injured worker is also experiencing psychological symptoms, the request for 6 psychotherapy sessions appears reasonable. As a result, the request for an initial "Six sessions of Pain Psychology 1x6weeks" is medically necessary.