MAXIMUS Federal Services

Case Number:	CM15-0136832		
Date Assigned:	07/24/2015	Date of Injury:	11/30/2007
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 52 year old female who sustained an industrial injury on 11/30/2007. The injured worker was diagnosed with depressive disorder, somatoform disorder, psychological factors affecting medical condition, cervicothoracic musculoligamentous sprain/strain, head injury with concussion, post traumatic cephalgia, occipital neuralgia, lumbar degenerative disc disease and facet joint disease, bilateral shoulder impingement and right medial epicondylitis. The injured worker is status post right shoulder repair times two (no date documented). Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on April 9, 2015, surgery, physical therapy, home exercise program, individual psychotherapy sessions and medication management.According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to experience low back and right knee pain, bilateral shoulder pain and headaches for which a work-up was discussed. According to the report dated January 8, 2015, the injured worker has been on psychotropic medications for more than a year. The medical report documented that both auditory and visual hallucinations have diminished. The injured worker is continuing to take psychotropic medications documented as Prozac, Atarax, Latuda, Trazodone and Zyprexa. Treatment plan consists of continuing with medications as prescribed, psychotropic medication management once a month for 6 visits, neurology consultation for headaches scheduled in July 2015, arthroscopy knee surgery schedule for June 30, 2015, temporomandibular Joint (TMJ) consultation, home exercise program and the current request for individual psychotherapy twice a month for 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, twice monthly x 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psyhological services from [redacted] for an unknown number of sessions. There was only one PR-2 report, dated 2/2/15, included for review. There was minimal information regarding prior services and progress from the completed services. Additionally, the report indicated that 1 of 6 authorized sessions had been completed. Without sufficient information regarding prior treatment as well as updated information about most recent services, the need for additional treatment cannot be determined. As a result, the request for an additional 20 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 sessions in response to this request.