

Case Number:	CM15-0138770		
Date Assigned:	07/28/2015	Date of Injury:	10/15/2003
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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 male who sustained an industrial injury on 10/15/03 injuring his right shoulder and arm as he was pushing a 40 gallon wheel barrel the wheel got stuck causing him to fall over the wheel barrel. He continues to experience significant right shoulder pain and neck pain with a pain level of 4/10 with medication and 7/10 without medication; low back pain radiating into his right hip and down the right leg with a pain level of 4/10 with medication and 9/10 without medication. He cries several times per day, has difficulty concentrating, low self-confidence, forgetfulness and has sleep difficulties. Medications were Norco, Relafen, zanaflex, Gralise, Prilosec, Cymbalta, gabapentin. Diagnoses include chronic right shoulder pain, status post right shoulder surgery (2005); right C6 radiculopathy, disc protrusion with right upper extremity pain; right S1 radiculopathy; right carpal tunnel syndrome; depression; anxiety. Treatments to date include medications, chiropractic sessions, massage and injections. Diagnostics include MRI of the lumbar spine (6/15/15) showing L5-S1 disk protrusion contacting the right S1 nerve root and L4-5 small disc protrusion contacting the traverse L5 nerve roots bilaterally; MRI of the cervical spine (6/15/15) showing mild neuroforaminal narrowing at C3-4 and disc protrusion at C5-6 contacting the right hemicord; MRI of the right shoulder (8/24/11) showed post-surgical changes, otherwise unremarkable; MRI of the cervical spine (11/2007) showing disc protrusion; nerve conduction study (2007) showing right carpal tunnel syndrome. In the progress note dated 6/24/15 the treating provider's plan of care includes a request for 16 sessions of psychotherapy for depressive disorder and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 16 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Cognitive Behavioral Therapy (CBT).

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 completed an initial psychological evaluation with [REDACTED] in May 2015. In the evaluation report dated 5/5/15, [REDACTED] diagnosed the injured worker with depression and anxiety and recommended 16 psychotherapy sessions. The request under review is based on this recommendation. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 16 visits is reasonable and falls within the number of recommended sessions. As a result, the request for 16 psychotherapy sessions is medically necessary.