

Case Number:	CM15-0149599		
Date Assigned:	08/12/2015	Date of Injury:	01/11/2001
Decision Date:	09/15/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/01/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 64-year-old female who sustained an industrial injury on January 11, 2001 resulting in chronic pain in her neck, back, right shoulder, and bilateral knees, and subsequently, psychiatric symptoms secondary to chronic pain. She is diagnosed with degenerative joint disease in her bilateral knees, myoligamentous sprain and strain of the cervical and lumbar spine, right shoulder impingement syndrome, post traumatic fibromyalgia, and psychiatric diagnoses including moderate to severe depression, moderate anxiety, and signs of dysthymic disorder secondary to chronic pain. Documented treatment has included physical therapeutic interventions addressing her chronic pain, and psychotropic medications including Sentraflox and Lorazepam for psychiatric symptoms. Documentation does not provide evidence psychotherapy treatment. The injured worker continues to present with symptoms of depression and anxiety, cognitive dysfunction, and problems with sleep. Diagnosis includes depression NOS. She is currently on gabapentin, ketoprofen, Naprosen, Synthroid, Nucynta, and Sentraflox, which is a combination of Sentra and Prozac. She is no longer on Prozac. UR of 07/07/15 certified 4 sessions of CBT but it appears that she has not received these services to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown psychiatric treatment on an industrial basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: Behavioral interventions are recommended in chronic pain to develop coping mechanisms. However, it does not appear that this injured worker has received the 4 certified sessions that she was given in UR of 07/07/15. This request is therefore not medically necessary.