

Case Number:	CM15-0199950		
Date Assigned:	10/15/2015	Date of Injury:	04/30/1999
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 55 year old female, who sustained an industrial injury on 04-30-1999. She has reported injury to the right lower extremity. The diagnoses have included complex regional pain syndrome (CRPS) right leg; chronic pain; and depression. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Nucynta, Lidoderm patch, Ibuprofen, and Lorazepam. A progress report from the treating physician, dated 09-25-2015, documented an evaluation with the injured worker. The injured worker reported that she is weaned of Nucynta and it was very painful; she is still on the Lorazepam as needed; she is having increasing paresthesias in the right leg and into the feet; and pool exercises reduce the CRPS symptoms in the right leg. Objective findings included lumbar flexion and extension on 20% of her pre-flare motion; and she has seen the psychiatrist and she is waiting on authorization for more visits. The treatment plan has included the request for individual psychotherapy twice weekly for 10 sessions. The original utilization review, dated 09-30-2015, non-certified the request for individual psychotherapy twice weekly for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy twice weekly for 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain related to her work-related injury in 1999. She has also developed psychiatric symptoms secondary to her chronic pain. In the September 2015 progress note, treating physician, [REDACTED] indicated that the injured worker had been seen once by psychologist, [REDACTED]. The request under review is from [REDACTED] and is for 10 biweekly psychotherapy sessions. Unfortunately, there was no psychological evaluation report included for review from [REDACTED]. Without a report providing information to substantiate the need for services and treatment, the need for follow-up services cannot be determined. As a result of insufficient information, the request for individual psychotherapy twice weekly for 10 sessions is not medically necessary.