

Case Number:	CM15-0029641		
Date Assigned:	02/24/2015	Date of Injury:	07/20/2002
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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 53 year old female, who sustained an industrial injury on 7/20/02. The injured worker has complaints of neck pain that radiates down the left arm into the hand. Complaints of arm pain, weakness and burning getting worse, unable to sleep, drops things and reports depression frustration. She reports that she cries easily and is discouraged with lack of progress, feelings of hopeless and has had suicidal thoughts with no plan or attempt. The medical diagnoses have included cervical spinal stenosis and cervical radiculopathy. The psychiatric diagnoses are Somatic symptoms disorder, Major depressive disorder, and PTSD. Treatment to date has included physical therapy; home exercise program; C4-7 anterior cervical discectomy and fusion (ACDF) and medications. Cervical spine X-ray 12/9/14 reveals stable anterior instrumentation and interbody screws without signs of loosening or failure. According to the utilization review performed on 2/10/15, the requested Psych Treatment x 10 sessions has been modified to Psych Treatment x 4 sessions. California Medical Treatment Utilization Schedule (MTUS) 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 23, Behavioral Interventions were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Treatment x 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker is experiencing symptoms related to her chronic pain as well as depression and anxiety. It was recommended in the January 2015 PR-2 report that the injured worker receive an initial trial of 3-4 psychotherapy visits and then an additional 6-10 visits according to the CA MTUS guidelines. At this time, the injured worker has yet to complete the trial of initial sessions for which objective functional improvements are necessary for continued therapy. As a result, the request for 10 psychotherapy sessions is premature and not medically necessary. It is noted that the injured worker did receive a modified authorization for 4 psychotherapy sessions in response to this request.