

Case Number:	CM15-0210202		
Date Assigned:	10/29/2015	Date of Injury:	10/12/2011
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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 45 year old male, who sustained an industrial injury on October 12, 2011. The injured worker was diagnosed as having right shoulder pain, cervical radiculopathy, lumbar radiculopathy, and other muscle spasm. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, x-rays, electromyogram of the right upper extremity, status post surgery of the right shoulder, use of heat and ice, and status post transforaminal epidural steroid injection. In a progress note dated October 09, 2015 the treating physician reports complaints of pain to the neck, low back, and the right shoulder. Examination performed on October 09, 2015 was revealing for an anxious appearance, decreased range of motion to the cervical spine with pain, tenderness and spasm to the left paravertebral muscles, decreased range of motion to the lumbar spine with pain, spasm and tenderness to the left lumbar paravertebral muscles, trigger points with radiating pain to the trapezius muscle, decreased range of motion with pain to the right shoulder, tenderness to the radial wrist, and decreased sensation to the left lumbar five and sacral one dermatomes and of the cervical six and thoracic one dermatomes to the right upper extremity. The injured worker's pain level was rated 6 on a scale of 1 to 10 with the use of his medication regimen and rated the pain level was rated a 9 on a scale of 1 to 10. On October 16, 2015 the treating physician requested 4 to 6 individual psychotherapy sessions, but did not indicate the specific reason for the requested therapy. On October 16, 2015 the Utilization Review determined the request for 6 individual psychotherapy sessions to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury in 2011. The request under review is for 6 psychotherapy sessions and is based upon a recommendation from [REDACTED] in his 10/9/15 progress note. The note simply states, "Request 4-6 individual psychotherapy sessions with a psychologist within the MPN." There is no rationale offered by [REDACTED] or any documentation indicating the injured workers need for psychological services. Additionally, the injured worker has not completed a psychological evaluation, which is necessary prior to the commencement of services. It is noted in the UR determination letter, that the injured worker was previously denied a psychological evaluation earlier in 2015, which was upheld by IMR likely due to insufficient documentation to substantiate the request. As a result, without having completed an evaluation, the request for 6 individual psychotherapy sessions is premature and not medically necessary.