

Case Number:	CM15-0031696		
Date Assigned:	02/25/2015	Date of Injury:	10/30/2012
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This 58 year old female sustained an industrial injury on 10/30/12. She subsequently reports right upper extremity pain. Diagnoses include reflex sympathetic dystrophy, depression and posttraumatic stress disorder. According to progress notes, the injured worker underwent spinal surgery on 12/10/13. Treatments to date have included physical therapy, modified work duties and prescription pain medications. On 1/22/15, Utilization Review non-certified requests for 12 follow up Psychologist visits. The 12 follow up Psychologist visits were denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow up Psychologist visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 received an unknown amount of psychological services from [REDACTED]. In the July 2014 psychological progress note, [REDACTED] recommended an additional 8 CBT sessions. It was not indicated within the note as to how many total sessions had been completed nor the objective functional improvements that had been made from the sessions. It is also unclear whether the injured worker received any follow-up sessions since that report, as the July 2014 progress note was the only psychological medical record submitted for review. As a result, the injured worker's psychological history is limited based on a lack of medical records submitted. Without sufficient information about the injured worker's completed psychological services and progress made from those services, the need for any additional treatment cannot be fully determined. As a result, the request for an additional 12 CBT psychotherapy sessions is not medically necessary.