

Case Number:	CM15-0042365		
Date Assigned:	03/12/2015	Date of Injury:	05/11/2005
Decision Date:	04/22/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on 5/11/05. The injured worker reported symptoms in the right shoulder and right upper extremity. The injured worker was diagnosed as having major depressive illness, joint pain arm, pain in joint shoulder. Treatments to date have included status post shoulder surgery, oral pain medications, activity modification, injections, and physical therapy. Currently, the injured worker complains of right shoulder pain. The plan of care included medication prescriptions, orthopedic evaluation, psychotherapy treatment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 individual psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Psychological treatment.

Decision rationale: The patient presents with neck, shoulder and forearm pain. The request is for 12 INDIVIDUAL PSYCHOTHERAPY. The request for authorization is dated 02/26/15. Patient has ongoing pain problem and difficulty with sleep. She is severely depressed. She continues to grieve, easily overwhelmed, guilt ridden, feels useless, hopeless, worthless, and difficulty generating any enthusiasm. Patient's medications include Nucynta, Hydrocodone, Valium, Zanaflex, Mirapex and Flector patch. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." ODG, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks - individual sessions, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Treater does not discuss the request. In this case, submitted progress reports from 02/19/14 to 02/25/15 were handwritten and mostly illegible. However, some information regarding the patient's psychological symptoms were obtained. And it appears the patient is suffering from severe depression and individual sessions of psychotherapy would be indicated. Per psychotherapy report dated, 08/29/14, patient previously attended 4 sessions. The request for 12 additional sessions of psychotherapy is within guideline recommendation. Therefore, the request IS medically necessary.