

Case Number:	CM15-0048337		
Date Assigned:	03/20/2015	Date of Injury:	01/20/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 60 year old male, who sustained an industrial injury on January 20, 2011. The injured worker was diagnosed as having pain in joint bilateral shoulder, right shoulder arthroscopy X2, cervical spondylosis, acquired spondylolisthesis and headache. Treatment and diagnostic studies to date have included physical therapy, psychotherapy, surgeries and medication. A progress note dated February 4, 2015 the injured worker complains of insomnia due to shoulder pain. He reports he is doing better with depression. It is noted he is responding well to therapeutic modality and that there is one more authorized session of psychotherapy. The plan includes request for 8 more sessions, medications and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychotherapy sessions: Upheld

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

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 ChapterCBT; Hypnosis.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] for a total of 22 sessions to date. It appears the [REDACTED] was utilizing various treatment modalities including CBT and hypnosis in the treatment provided. The ODG recommends a total of 20 psychotherapy sessions as long as there is objective functional improvements being demonstrated. The number of hypnosis sessions is to coincide with the number of psychotherapy sessions. Since the injured worker has already received more than the recommended number of sessions and there is minimal documentation of objective functional improvement from those sessions, the request for an additional 8 psychotherapy sessions is not medically necessary.