

Case Number:	CM15-0055100		
Date Assigned:	03/30/2015	Date of Injury:	03/12/2012
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 female, who sustained an industrial injury on 3/12/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having degenerative joint disease of shoulder, right shoulder pain, and thumb injury. Treatment to date has included medications, surgery, therapy, x-rays, and magnetic resonance imaging. The request is for additional cognitive behavioral pain management psychotherapy. The records indicate she continued to have right shoulder pain following right shoulder arthroscopy. On 1/19/2015, she was seen for psychosocial evaluation. She reported coping with medications, rest and ice. On 3/4/2015, she was seen for psychotherapy regarding right shoulder pain, right knee pain, and chronic pain syndrome. The report indicates her affect to be depressed and anxious. She reported improvement in coping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral pain management psychotherapy 1 a week for 6 weeks:
Overturned

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 completed an initial psychological evaluation with [REDACTED] in October 2014. In that report, [REDACTED] recommended follow-up psychological services. It does not appear that the injured worker received any subsequent psychotherapy. She then completed a psychosocial evaluation with [REDACTED] in January 2015 and completed an initial 6 follow-up psychotherapy sessions. In his 3/4/15 progress report, [REDACTED] indicated that the injured worker remained symptomatic despite utilizing some of the skills learned and having made some improvements in functioning. The ODG recommends a total of up to 13-20 psychotherapy sessions as long as CBT continues to be implemented and there is objective functional improvements. Although there are no test scores (which are not required) to demonstrate improvement, [REDACTED] provides enough evidence to substantiate the request for additional services. As a result, the request for an additional 6 psychotherapy sessions is reasonable and medically necessary.