

Case Number:	CM15-0058316		
Date Assigned:	04/03/2015	Date of Injury:	03/07/2012
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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 59-year-old male, who sustained an industrial injury on 3/7/2012. He reported pain in his low back, cervical and left shoulder. Diagnoses have included lumbar facet syndrome, spondylolisthesis, shoulder pain, cervical pain, history of stroke and possible post concussion syndrome. Treatment to date has included medication and functional capacity evaluation. According to the progress report dated 3/4/2015, the injured worker complained of neck pain and left shoulder pain. He reported that medications were working well. Quality of sleep was poor. Current medications included Cymbalta, Tizanidine, Ultram, Aspirin, Zocor and Duloxetine. The injured worker appeared to be anxious, depressed and in moderate to severe pain. His gait was slow and antalgic. He answered questions slowly and had some difficulty following the conversation. Authorization was requested for a neuropsychology evaluation, psychiatric evaluation for medications and twelve psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy sessions: Upheld

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

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 Chapter, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker received authorization for a neuropsychological evaluation and medication evaluation at the same time of the current request under review. Although the injured worker demonstrated symptoms of depression and anxiety secondary to his chronic pain, he had yet to have a thorough evaluation prior to the request. A psychological evaluation not only offers specific diagnostic information, but appropriate treatment recommendations as well. Without this information, the need for any follow-up services cannot fully be determined. Additionally, once it is determined that the injured worker needs follow-up services, the CA MTUS recommends an "initial trial of 3-4 visits" for the treatment of chronic pain while the ODG recommends an "initial trial of 6 visits" for the cognitive treatment of depression. Utilizing both of these guidelines, the request for 12 sessions exceeds the recommended number of initial sessions. As a result, the request for 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request.