

Case Number:	CM14-0145754		
Date Assigned:	09/12/2014	Date of Injury:	09/27/2010
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is licensed Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records as are provided for this independent medical review, this patient reported and industrial work-related injury on September 27, 2010 during the normal and usual customary work duties for the [REDACTED]. She reports left knee constant pain and she continues to have persistent neck pain and low back pain with her neck pain radiating down the right side of her arm with numbness and tingling in the right shoulder and biceps. Low back pain radiates down the back of her left leg and into the calf. She is status post bilateral shoulder and bilateral CTS surgeries. She has been diagnosed with Major Depressive Disorder, Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, and Posttraumatic Stress Disorder (prior industrial injury) resolved. She has been receiving monthly psychiatric treatment from a psychiatrist for medication adjustment. And has been having psychological counseling which she described as being "really really helpful" for an undetermined length of time. She continues to have diminished self-esteem and pain impacted concentration, attention, mood, irritability, and self-confidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy-twice per month as recommended by psych AME: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental Illness and Stress Chapter, Topic Psychotherapy Guidelines for Depression, Cognitive Behavioral Therapy

Decision rationale: This request for "psychotherapy twice per month as recommended by the psych AME" does not contain the precise number of sessions being requested. The Utilization Review reported a request for two times a month for three months, followed by one time per month for an additional nine months .Although the request for Independent Medical Review does not have a clear statement of quantity, the request appears to be six sessions to be held in the first three months and an additional nine sessions to be held afterwards for a total of 15 sessions over nearly one year. According to the Official Disability Guidelines for psychotherapy, patients may be offered a maximum of 13 to 20 visits total, if progress is being made. Additional treatment sessions are contingent not only on patient symptoms, but also on demonstrated documented objective functional improvements. The MTUS and the ODG do not specify the exact frequency for medical update reports but standard practice would be at least every 2 to 3 months. Authorizing a course of treatment for one entire year, as is requested here, would not allow for that ongoing dialogue to be continuing. Given the unclear quantity of visits requested and excessive duration of the requested visits, request for ongoing psychotherapy is not medically necessary. The request does not conform to the MTUS or the Official Disability Guidelines recommendations.