

Case Number:	CM14-0170193		
Date Assigned:	10/20/2014	Date of Injury:	02/22/2010
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 in 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:

The claimant is a 52 year-old female [REDACTED] with a date of injury of 2/22/10. The claimant sustained cumulative injuries to her bilateral shoulders and right elbow while working as an artist for [REDACTED]. In the encounter note dated 8/18/14, Physician Assistant, [REDACTED] diagnosed the claimant with: (1) Complex regional pain syndrome, type II, upper limb; (2) Enthesopathy of elbow region; and (3) Shoulder joint pain. Additionally, in his "Primary Treating Physician's Comprehensive Pain Management Re-Evaluation Report" dated 6/23/14, [REDACTED] offered the following diagnostic impression: (1) Left shoulder neuropathic pain syndrome, complex regional pain syndrome; (2) Chronic neck pain; (3) Bilateral lateral epicondylitis, far worse on the right; (4) Right ulnar nerve irritation, possible cubital tunnel syndrome; (5) Status post left shoulder surgeries including labral debridement and subacromial decompression and Mumford procedure; (6) Status post subacromial decompression and right shoulder Mumford procedure; (7) Left shoulder pain syndrome, complex regional pain syndrome, previously known as reflex sympathetic dystrophy; (8) Residual right shoulder pain after decompression surgery; (9) Complex regional pain syndrome involving the right elbow; and (10) Right elbow lateral and medial epicondylar pain/chronic inflammation. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Psychological Re-Evaluation and Request for Authorization" dated 7/14/14, [REDACTED] diagnosed the claimant with Depressive Disorder, NOS, with anxiety. The request under review is based upon [REDACTED] recommendations for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 20 sessions.: Upheld

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

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

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] on 8/1/12 and completed approximately 4 psychotherapy follow-up sessions. She completed an evaluation with AME, [REDACTED] in October 2013, for which psychotherapy follow-up services were recommended. It does not appear that the claimant actually participated in any following the report. Based on [REDACTED] 7/14/14 "Psychological Re-Evaluation and Request for Authorization" the claimant is in need of psychological and psychiatric medication management services. He presents a relevant and appropriate argument for such services. Unfortunately, the request for 20 initial sessions exceeds the ODG, which indicates an initial trial of 6 visits over 6 weeks" in the treatment of depression. Given that the claimant has not had any services since 2012, the sessions being requested can be considered initial sessions. As such, the request for "Individual Psychotherapy 20 sessions" is not medically necessary. It is noted that the claimant received a modified authorization for 4 psychotherapy sessions in response to this request.