

Case Number:	CM14-0185452		
Date Assigned:	11/13/2014	Date of Injury:	06/15/2003
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Board Certified 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 72 year-old female [REDACTED] with a date of injury of 6/15/03. The claimant sustained injuries to her right arm and wrist when a client grabbed her arm and fell backwards, pulling the claimant along. She has further developed dental issues as the result of medication side effects. The claimant sustained these injuries while working as a Home Duty Nurse for [REDACTED]. In his "Defense Qualified Medical Evaluation" dated 10/8/14, [REDACTED] diagnosed the claimant with: (1) TMJ synovitis, nonindustrial; (2) Myofascial pain, nonindustrial; (3) Xerostomia; (4) Dental caries status post; and (5) Edentulism. The claimant also developed psychiatric symptoms secondary to her work-related orthopedic injuries. Over the years, the claimant has been treated with psychotherapy and psychotropic medications. From 2013 through 2014, the claimant received individual psychotherapy from [REDACTED], who diagnosed the claimant in his 8/13/14 PR-2 report with: (1) Generalized anxiety disorder; and (2) Pain disorder associated with psychological factors and a general medical condition. The request under review is for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist visits for eight sessions: Upheld

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

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 has continued to experience a variety of symptoms including chronic pain, dental issues, and psychiatric symptoms. It appears that the claimant has participated in psychotherapy over the years with varied response. Since 2013, she has been treating with [REDACTED]. In his PR-2 report dated 8/13/14, [REDACTED] noted that the claimant had "used 10 of 10 authorized Cognitive-Behavioral Therapy (CBT) sessions for chronic pain management." This is confusing as she has been treating with him since 2013. Despite this, given the amount of treatment that the claimant has received over the years, she has yet to demonstrate consistent objective functional improvements from the completed sessions. Without demonstrating consistent progress and improvements, the need for additional services cannot be fully determined. As a result, the request for additional "Psychologist visits for eight sessions" is not medically necessary.