

Case Number:	CM14-0096213		
Date Assigned:	07/28/2014	Date of Injury:	05/30/2009
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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 injured worker is a 56-year-old female who reported an injury on 05/30/2009. The mechanism of injury was not provided. On 01/09/2014 the injured worker presented with mid and lower back pain with numbness and tingling to the bilateral legs. Upon examination, there was tenderness to palpation and muscle spasm over the lumbar spine and a negative straight leg raise. The diagnoses were thoracic lumbar spine sprain/strain, left shoulder impingement, and bilateral elbow epicondylitis. Primary treatment included chiropractic therapy and medications. The provider recommended individual psychotherapy sessions times 20, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy sessions x20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for individual psychotherapy sessions times 20 is not medically necessary. The California MTUS Guidelines recommend psychotherapy referral after 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which will require therapy as well as establish a baseline by which to assess improvements during therapy. The request for individual psychotherapy sessions times 20 exceeds the guideline recommendations. As such, the request is not medically necessary.