

Case Number:	CM14-0203445		
Date Assigned:	12/15/2014	Date of Injury:	06/17/2010
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Psychologist (PHD, PSYD) 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 injured worker is a 64 year-old female [REDACTED] with a date of injury of 6/17/2010. The injured worker sustained injuries to her back, buttocks, and right leg when she was wheeling in a chair across the floor and it got stuck on something, causing it to flip over. She landed on the floor on her bottom. The injured worker sustained this injury while working as a phone center technician for [REDACTED]. The injured worker has been treated for her orthopedic injuries with medications, injections, physical therapy, spinal cord stimulator trial, use of a TENS unit, home exercise, and surgery. It is also reported that the injured worker developed psychiatric symptoms of depression secondary to her work-related orthopedic injuries and chronic pain. In his 10/30/14 "Confidential Psychological Pain Management Evaluation", [REDACTED] diagnosed the injured worker with: (1) Pain disorder associated with both psychological factors and a medical condition, chronic; and (2) Depressive disorder, NOS. He recommended a "trial of pain management psychotherapy" with "ten sessions of treatment" being suggested. The request under review is for the initial 10 pain psychotherapy sessions recommended by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of pain psychotherapy, 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

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

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in June 2010. She has also developed psychiatric symptoms of depression secondary to her chronic pain. In his 10/30/14 "Confidential Psychological Pain Management Evaluation", [REDACTED] presents relevant and appropriate information to substantiate the need for an initial trial of psychotherapy for the injured worker. However, the California MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks" may be needed. Unfortunately, the request for an initial 10 psychotherapy sessions exceeds the number of initial sessions set forth by the California MTUS. As a result, the request for 10 sessions of pain psychotherapy, 2 times a week for 5 weeks is not medically necessary.