

Case Number:	CM14-0206642		
Date Assigned:	12/18/2014	Date of Injury:	09/05/2006
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/10/2014

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 injured worker is a 58 year-old female (██████████) with a date of injury of 9/5/2006. The injured worker sustained injury to her back and left shoulder when she accidentally injected herself with a high air pressure/water injection while working as a production specialist for. She has been diagnosed with: Left cervical radiculopathy; cervical disc protrusions at C2-3, C3-4, C4-5, C5-6, and C6-7; left thoracic outlet syndrome; left rotator cuff tendonitis, status post injection injury, left hand; right wrist tendonitis secondary to overuse; and status post left thoracic outlet surgery in 4/2014. It is also reported that the injured worker developed psychological symptoms secondary to her work-related orthopedic injuries. She has been receiving psychotropic medication management services from ██████████ as well as individual psychotherapy from ██████████/██████████. The injured worker is diagnosed with: (1) Pain disorder associated with psychological factors; and (2) Posttraumatic stress disorder, improved. The request under review is for an additional 6 psychotherapy sessions, which were denied in the Utilization Review dated 11/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as references for this case. Based on the review of the medical records, the injured worker has continued to experience pain since her injury in 2006. She has also struggled with psychological symptoms related to a pain disorder and PTSD. In his PR-2 report dated 9/19/14, [REDACTED] reported that the injured worker had completed 24 of 24 authorized visits following [REDACTED] PQME evaluation in April 2014. Because the injured worker had regressed in her symptoms post-surgery and in response to the death of her father, it was recommended that she receive an additional 6 sessions. Although there was some regression in the injured worker's symptoms, the request for an additional 6 sessions exceeds the recommended number of total sessions set forth by the ODG. As a result, the request for and additional "6 sessions of psychotherapy" is not medically necessary.