

Case Number:	CM15-0000318		
Date Assigned:	01/09/2015	Date of Injury:	05/07/2007
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 61 year old female, who sustained industrial injuries to left arm, head neck and shoulder on 5/7/2007. She has reported continued pain, depression and anxiety. The diagnoses have included Degenerative Joint Disease (DJD) cervical spine, post- s u r g i c a l carpal tunnel syndrome, left hand, left upper extremity radiculopathy, cervical radiculitis, complex regional pain syndrome, cervical, chronic recurrent major depressive disorder and anxiety disorder. Treatment to date has included medications and psychotherapy sessions. Currently, per progress note of primary physician dated 9/17/14, the IW complains of stabbing, aching, knife-like sensation to the posterior cervical region, suprascapular region, and scapular and triceps region. She has pins, needles and numbness in forearms and fingers. Per the psychological consultation report dated 12/10/14, the IW was less depressed and going out more. She felt that the psychotherapy sessions were beneficial a she is able to engage more in the activities of life. She is able to discuss things in the sessions that bother her and is unable to do this with her treating physician or family. She states that the sessions reduce her stress and therefore she has less pain and engages in life more fully. On 12/18/14 Utilization Review modified a request for additional psychotherapy, unspecified frequency, 6 sessions per year to additional psychotherapy, and 3 visits over 2 weeks, 6 visits quantity 6 from 12/18/14 to 2/1/15 noting the recommendation to approve the 6 additional sessions of psychotherapy requested. Therefore, the request for additional psychotherapy, 6 sessions per year, unspecified frequency, per the 12/10/14 form is modified to the approval of additional psychotherapy, 6 sessions 3 visits

over 2 weeks is medically necessary and appropriate. The MTUS, ACOEM and Official Disability Guidelines (ODG) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy, unspecified frequency, 6 sessions per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy guidelines for chronic pain

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; Cognitive therapy for depression

Decision rationale: Based on the review of the medical records, it appears that the injured worker has continued to experience chronic pain since her injury in May 2007. Additionally, she has struggled with symptoms of depression and anxiety and has been receiving psychological services from [REDACTED]. It appears that the injured worker began psychotherapy in 2007. It is unclear whether she has consistently received services since that time or if there have been any breaks in treatment as this is not found within the records. Although it is noted in [REDACTED] [REDACTED] reports that he has been providing maintenance psychotherapy sessions to the injured worker approximately every 6 weeks, it is unclear as to how many sessions have been provided in total, particularly in 2014. Without this information as well as the fact that the injured worker has likely completed numerous psychotherapy sessions since 2007, the request for an additional 6 sessions per year is not medically necessary.