

Case Number:	CM15-0009778		
Date Assigned:	01/27/2015	Date of Injury:	04/29/2003
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas
 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 48-year-old female who reported an injury on 04/29/2003 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, multiple medications, a home exercise program, and psychological support. The injured worker also has a history significant for surgical intervention that ultimately developed into reflex sympathetic dystrophy with symptoms more severe on the right side than the left. The injured worker was evaluated on 10/24/2014. It was noted that the injured worker was diagnosed with major depressive disorder, mixed emotions of depression and anxiety, and chronic pain syndrome from multiple sources. It was noted that the injured worker had been responsive to previous treatments. It was noted that the injured worker does respond well to treatments and requires regular feedback. A request was made for 6 additional psychotherapy sessions. A Request for Authorization was submitted on 10/09/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Psychotherapy

Decision rationale: The requested 6 psychotherapy sessions are not medically necessary or appropriate. This request was previously reviewed and received an adverse determination secondary to the excessiveness of the request. The previous review indicated that the injured worker had participated in 30 sessions of psychotherapy. The California Medical Treatment Utilization Schedule does support the use of psychotherapy to assist in the management of psychological symptoms related to chronic pain. The Official Disability Guidelines recommend up to 20 sessions of psychotherapy to assist with the development of coping mechanisms and management of psychological and chronic pain syndromes. The clinical documentation indicated that the injured worker had a good response to previous treatment and would benefit from additional treatment. However, the requested treatment, in combination with the already completed therapy exceeds guideline recommendations. There are no exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 6 psychotherapy sessions are not medically necessary or appropriate.