

Case Number:	CM15-0015933		
Date Assigned:	02/03/2015	Date of Injury:	06/13/2013
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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:

This 40 year old male sustained a work related injury on 06/13/2013. On 12/19/2014, the provider noted that the injured worker required 8 additional sessions of cognitive behavioral treatment for symptoms of depression directly related to his industrial accident. Since he began treatment, he had evidenced improvement in decreased irritability, frustration, hopelessness and emptiness and increased understanding of his emotional responses to his physical limitations. According to a progress report dated 12/23/2014, the injured worker was seen for follow up of chronic right upper extremity pain. The injured worker reported that psychology visits were going well. He reported a significant decrease in pain with the help of Norco. He also took Naproxen, Norflex, Gabapentin, Cymbalta, Protonix, Docusate Sodium and Mirtazapine. Pain was reduced from an 8 to a 3-4 on a scale of 1-10 with medications. Diagnoses included pain in joint shoulder, neck pain, unspecified major depression recurrent episode, anxiety state not otherwise specified and pain psychogenic not elsewhere classified. According to a letter from the psychiatrist dated 01/26/2015, the injured worker's psychotic symptoms were generally controlled as long as he had his medication but quickly become unmanageable once his medication was not available. On 01/22/2015, Utilization Review non-certified 8 sessions with psychologist (within MPN) to be seen monthly. According to the Utilization Review physician, there was no documentation of objective functional benefit from psychotherapy. Despite ongoing and chronic psychotherapy, there has not been any documentation that the psychotherapy resulted in a decreased need for medical treatment such as medications or that the injured worker has made any progress towards returning to even modified duty. Guidelines cited

for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Psychological Treatment and Official Disability Guidelines Cognitive Behavioral Therapy and Psychotherapy. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions with Psychologist to be seen monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotherapy services with [REDACTED], under the supervision of [REDACTED]. [REDACTED] It appears that 12 psychotherapy sessions were authorized however, only 3 progress notes (9/2/14, 9/23/14, & 10/14/14) were included for review. Although [REDACTED] provided some information regarding the injured worker's progress from psychotherapy, there was little information in the minimal psychotherapy progress notes included for review. Without more adequate information to substantiate the need for additional sessions, the request for an additional 8 monthly sessions with a psychologist is not medically necessary.