

Case Number:	CM15-0114607		
Date Assigned:	06/22/2015	Date of Injury:	06/03/2009
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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 51-year-old female, who sustained an industrial injury on 06/03/2009. She reported suffering gradual multiple physical symptoms. The injured worker is currently not working. The injured worker is currently diagnosed as having pain disorder associated with psychological factors and a medical condition, major depressive disorder, anxiety disorder, and chronic cervical and bilateral upper extremity pain status post multiple surgeries. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation Unit), use of cervical collar brace, upper extremity surgeries, cortisone and trigger point injections, physical therapy, functional restoration program, and medications. In a psychological pain management evaluation dated 05/14/2015, the injured worker presented with complaints of bilateral arm, wrist, hand, finger, neck, bilateral shoulder, low back, left leg, and stomach pain along with headaches. Objective findings note that her symptoms are consistent with chronic pain behavior syndrome, along with severe mood and sleep disturbance. The treating physician reported requesting authorization for pain management psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Psychotherapy with Cognitive-Behavioral strategies QTY 10:
Overturned

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

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 Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological pain management evaluation with [REDACTED] on 5/14/15. In his 5/22/15 evaluation report, [REDACTED] presented relevant and appropriate information regarding the injured worker's symptoms and functional deficits as well as a valid argument supporting the injured workers need for follow-up treatment. In the treatment of chronic pain, the CA MTUS recommends initial 4 psychotherapy visits. In the treatment of depression, the ODG recommends up to 13-20 visits, if progress is being made. Since the injured worker is struggling with both chronic pain and psychiatric symptoms, the request for an initial 10 sessions appears reasonable, given the guidelines addressed above. As a result, the request for an initial 10 psychotherapy sessions is medically necessary.