

Case Number:	CM15-0118851		
Date Assigned:	06/29/2015	Date of Injury:	06/16/2011
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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(n) 54 year old male, who sustained an industrial injury on 6/16/11. He reported falling off a truck and injuring his head and chest and fracturing his left wrist and left rib. The injured worker was diagnosed as having status post left distal radius fracture, mononeuritis and depression and anxiety. Treatment to date has included an EMG/NCV of the upper extremities, psychological testing, Ketoprofen, Norco and Capsaicin. As of the PR2 dated 6/3/15, the injured worker reported feeling nervous on a daily basis and having depression due to inability to work. He rates his pain a 5/10 in the back of his head and is sometimes awakened at night from the pain. Objective findings include a score of 9 on the Epworth Sleepiness Scale and elevation on scale 0-8 indicating depression, psychological turmoil, somatization and bodily concern. The treating physician requested one on one cognitive behavioral therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One on One Cognitive behavioral therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury in June 2011. He completed a psychological evaluation with [REDACTED] in May 2015. In his psychological evaluation report dated 6/3/15, [REDACTED] recommended follow-up psychotherapy and indicated that the injured worker "...would benefit from psychotherapy which would also help him with his experience of pain." In the treatment of chronic pain, the CA MTUS recommends an initial trial of 3-4 psychotherapy visits" and "with evidence of objective functional improvement, total of up to 6-10 visits." Given this guideline, the request for an initial 12 psychotherapy visits exceeds the recommended number of initial sessions and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.