

Case Number:	CM15-0128297		
Date Assigned:	07/15/2015	Date of Injury:	07/25/2010
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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 62 year old female, who sustained an industrial injury on July 25, 2010. Treatment to date has included CT of the right lower extremity, talocalcaneal cuboid fusion of the right foot, and physical therapy. The injured worker is status post talocalcaneal cuboid fusion of the right foot. She was evaluated on April 30, 2015. The evaluating physician noted that a CT scan of the right foot revealed no appreciative fusion of the talonavicular or calcaneal cuboid joints which suggested a nonunion of the fused joints. She was advised that options would include observation, a bone stimulator or a revision of the fusion. The diagnoses associated with the request include status post talocalcaneal cuboid fusion of the right foot. The treatment plan includes possible bone stimulator or revision of the fusion. A request was received for psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Cognitive Behavioral Therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2010. Neither the most recent progress report, dated 4/30/15, nor the RFA dated 5/28/15 offer any information regarding psychological issues or provide any rationale to substantiate the need for psychological treatment. Without sufficient information, the need for psychological services cannot be determined. Additionally, the request for psychotherapy sessions is premature without having had a thorough psychological evaluation already completed. As a result, the request for 4 psychotherapy sessions (2X/week for 2 weeks) is not medically necessary.