

Case Number:	CM15-0068601		
Date Assigned:	04/16/2015	Date of Injury:	04/25/2012
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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 53 year old female who sustained an industrial injury on April 25, 2012. She has reported shoulder pain and has been diagnosed with impingement syndrome, adhesive capsulitis, brachial neuritis not otherwise specified, contracture/elbow, cubital tunnel syndrome, PN carpal tunnel syndrome, and De Quervain's disease. Treatment has included pain medications, activity modification, physical therapy, medical imaging, and surgery. Currently the injured worker had swelling at the wrist and thumb area and basal joint tenderness over the lateral aspect of the wrist. The treatment request included a psychiatric consultation and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Based on the review of the medial records, the injured worker completed a psychological evaluation with [REDACTED] in June 2014. In that report, [REDACTED] recommended follow-up psychological and psychiatric services. It is unclear why the injured worker did not receive any subsequent services. In a QME psychiatric evaluation dated 3/2/15, [REDACTED] also recommended psychiatric/medication management services as well as follow-up psychotherapy sessions to treat the injured worker's psychiatric symptoms of depression. The request under review is based on [REDACTED] recommendations. At this time, the injured worker is receiving psychotropic medications however; they are not being prescribed by a psychiatrist. The ACOEM recommends referral to a specialist when the issues are out of the scope of practice of the treating physician. As a result, the request for a psychiatric consultation with a psychiatrist is reasonable and medically necessary.

Cognitive Behavioral Therapy, 12 Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 medial records, the injured worker completed a psychological evaluation with [REDACTED] in June 2014. In that report, [REDACTED] recommended follow-up psychological and psychiatric services. It is unclear why the injured worker did not receive any subsequent services. In a QME psychiatric evaluation dated 3/2/15, [REDACTED] also recommended psychiatric/medication management services as well as follow-up psychotherapy sessions to treat the injured worker's psychiatric symptoms of depression. The request under review is based on [REDACTED] recommendations. Although the injured worker appears to be in need of psychological services, the request for an initial 12 sessions exceeds the number of initial sessions recommended by the ODG. The ODG recommends an "initial trial of 6 visits over 6 weeks." As a result, the request for 12 psychotherapy sessions is not medically necessary.