

Case Number:	CM15-0073577		
Date Assigned:	04/23/2015	Date of Injury:	06/10/2006
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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 40 year old male, who sustained an industrial injury on 6/10/06. The injured worker has complaints of lower back pain and pain in both shoulders and neck pain. The diagnoses have included chronic right shoulder pain; chronic left shoulder pain; chronic lumbar back pain with a small left-sided lateral recess extending L3-L4 disc protrusion/contained disc herniation; chronic depression with anxiety and chronic cervical myofascial pain. Treatment to date has included left shoulder arthroscopy, acromioplasty and infraspinatus repair; left shoulder rotator cuff repair; hand therapy; left shoulder surgery; magnetic resonance imaging (MRI) and medications. The request was for psychotherapy 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 medical records, the injured worker has been receiving both individual and group psychotherapy with treating psychologist, [REDACTED]. It appears that he was last seen on 2/24/15 for individual therapy and 2/19/15 for group therapy. Neither progress note indicates the number of sessions completed to date nor the objective functional improvements made from the completed sessions. In the note dated 2/24/15, [REDACTED] simply indicates that the injured worker "is benefitting from his psychotherapy", but does not indicate what the benefits have been. Without specific information about the completed services, the need for any additional treatment cannot be determined. Additionally, in the UR determination letter dated 4/3/15, the physician reviewer indicated that the injured worker had completed a total of 20 sessions. Since the number of completed sessions was not indicated by [REDACTED], this statement cannot be confirmed. However, if the injured worker has already completed a total of 20 psychotherapy sessions, he has already obtained the total number of sessions recommended by the ODG. Despite this possibility, the submitted documentation fails to provide sufficient information about prior treatment and therefore, the request for an additional 12 psychotherapy sessions is not medically necessary.