MAXIMUS Federal Services

Case Number:	CM15-0091376		
Date Assigned:	05/15/2015	Date of Injury:	03/04/1997
Decision Date:	06/23/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 62 year old female sustained a closed head injury with neck trauma spine on 3/4/97. The injured worker was treated for ongoing torticollis, post-traumatic brain injury and chronic pain. In a pain management progress note dated 10/27/14, the injured worker complained of ongoing pain, rated 5-8/10, constant chronic headaches. The physician noted that the injured worker's pain interfered with her activities of daily living, functionality and sleep performance. The physician noted that the injured worker had recently seen significant improvement with lifestyle and nutritional changes. Current diagnoses included chronic pain syndrome and dystonia. On 4/18/15, the injured worker was seen at the Emergency Department with complained of an exacerbation of neck pain. The injured worker reported that she had been fired from her pain care clinic and had run out of medications. The injured worker was provided with a few days of medications and was recommended to follow up with her primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy x 6 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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 struggles with a chronic pain syndrome. The request under review is for an additional 6 sessions of individual psychotherapy. Unfortunately, there were no psychological records included for review. It was noted by UR that the injured worker has been receiving psychotherapy intermittently since 2011. However, without any information about the services already provided or a recent psychological evaluation indicating current symptoms and treatment recommendations, the need for psychotherapy cannot be substantiated. As a result, the request for individual psychotherapy x6 sessions is not medically necessary.