

Case Number:	CM15-0096317		
Date Assigned:	05/26/2015	Date of Injury:	09/22/2006
Decision Date:	07/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/19/2015

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 41 year old female, who sustained an industrial injury on 09/22/2006. She reported injuring her right wrist and low back after a fall at work. The injured worker is currently not working. The injured worker is currently diagnosed as having causalgia upper limb, wrist tenosynovitis, ulnar nerve lesion, adhesive capsulitis, low back pain, bicipital tenosynovitis, panic disorder, and carpal tunnel syndrome. Treatment and diagnostics to date has included three wrist surgeries, elbow surgery, injections, psychotherapy, and medications. In a progress note dated 03/26/2015, the injured worker presented with complaints of chronic right arm pain. Objective findings include restricted right shoulder range of motion, guarded range of motion to right wrist, and tenderness. The treating physician reported requesting authorization for additional pain management psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 pain management psychotherapy, weekly: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 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 continued to experience chronic pain since her injury in 2006. She has also developed psychiatric symptoms of depression secondary to her chronic pain. She began receiving individual psychotherapy services from psychologist, [REDACTED], in January 2015. She has completed a total of 8 initial sessions. Unfortunately, as a result of an exacerbation in pain, the injured worker's symptoms of depression have also increased despite having demonstrated some progress in therapy. In the progress report dated 4/8/15, [REDACTED] recommended additional treatment, which was corroborated by [REDACTED] in his report dated 4/21/15. The CA MTUS recommends up to 10 psychotherapy sessions for the treatment of chronic pain. In the treatment of depression, the ODG recommends "up to 13-20 visits for 7-20 weeks (individual sessions), if progress is being made." Given the fact that the injured worker has only completed an initial 8 sessions and continues to be in need of additional treatment, the request for an additional 8 sessions appears reasonable and falls within the ODG recommendations. As a result, the request for an additional 8 psychotherapy sessions is medically necessary.