

Case Number:	CM15-0097307		
Date Assigned:	05/28/2015	Date of Injury:	09/19/2011
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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 66-year-old female injured worker suffered an industrial injury on 09/19/2011. The diagnoses included cervicgia with right upper extremity radiculopathy, right shoulder impingement, right shoulder SLAP tear and lumbago with intermittent sciatica both lower extremities. The diagnostics included lumbar x-rays, upper extremity electromyographic studies, cervical magnetic resonance imaging and right shoulder magnetic resonance imaging. The injured worker had been treated with spinal surgery and physical therapy. On 4/17/2015, the treating provider reported cervical spine pain, right shoulder pain and right upper extremity weakness, numbness and paresthesia along with lumbago with bilateral lower extremity pain. She reported that she is very depressed about her condition and the changes of her body since the injury. She reports she is having a hard time dealing with the situation. She reported inability to get out of bed, not enjoying life and sadness. The treatment plan included Psychological therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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

Decision rationale: Based on the review of the medical records, the injured worker is experiencing psychiatric symptoms of depression secondary to her work-related orthopedic injury and chronic pain. Although she is likely a good candidate for psychological treatment, the request for 12 psychotherapy sessions is premature. The injured worker has not completed a recent, thorough psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Until an evaluation is completed, a decision regarding follow-up treatment cannot be made. As a result, the request is not medically necessary.