

Case Number:	CM13-0006874		
Date Assigned:	03/03/2014	Date of Injury:	08/19/2011
Decision Date:	04/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 59-year-old female with an 8/19/11 date of injury. At the time (7/10/13) of request for authorization for psychotherapy x 10, there is documentation of subjective (chronic pain and depression) and objective (symptoms of anxiety and depression) findings, current diagnoses (pain disorder associated with both psychological factors and a general medical condition and severe major depressive disorder), and treatment to date (at least 12 psychotherapy sessions from 2011-2013). In addition, 7/10/13 authorization request form for additional psychotherapy identifies that the patient "is getting better with improvements in her life, getting out more in the community, doing more work around the house, and becoming less dependent on her son." There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services, with previous psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation

OTHER MEDICAL TREATMENT GUIDELINES FOR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain disorder associated with both psychological factors and a general medical condition and severe major depressive disorder. In addition, there is documentation of at least 12 previous psychotherapy sessions which exceed guidelines. Furthermore, despite documentation that the patient "is getting better with improvements in her life, getting out more in the community, doing more work around the house, and becoming less dependent on her son", there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services, with previous psychotherapy. Therefore, based on guidelines and a review of the evidence, the request for psychotherapy x 10 is not medically necessary