

Case Number:	CM13-0024375		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2007
Decision Date:	10/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/16/2013

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 Psychology and is licensed to practice in Texas. 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:

The injured worker is a 54-year-old male with a reported date of injury on 04/23/2007. The injury reportedly occurred while the injured worker was digging trenches. His diagnoses were noted to include secondary insomnia and depression due to chronic pain. His previous treatments were noted to include psychological treatment. The progress note dated 08/06/2013 revealed complaints of mid and low back pain, neck pain, upper back pain, sleeping difficulty due to chronic pain and depression because of chronic pain. The injured worker indicated that the sessions with the psychologist have been helpful. The physical examination revealed the injured worker appeared anxious with a depressed mood. The provider indicated the injured worker was to continue psych care per the psychologist. The progress note dated 08/08/2013 the provider indicated he had met with the injured worker on a once a month basis. The injured worker had been able to verbalize his frustration regarding his inability to work and the resistance of his pain and being more manageable, and frustration in obtaining treatment authorization. The provider indicated during the sessions the injured worker was able to verbalize a lot of frustration, irritation, worry, and sense of loss regarding those issues. The provider indicated he believed that this would help reduce his stress to verbalize the issues. The provider indicated this in turn would help him to reduce his pain and allowed him to participate more fully in the activities of daily living such as go out of the household versus remaining at home. The Request for Authorization Form dated 08/19/2013 was for continued psych care 12 monthly sessions of individual psychotherapy or a 1 hour consultation for the next year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Monthly Sessions of Individual Psychotherapy or One Hour Consultation for the Next Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 28.

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

Decision rationale: The request for Twelve Monthly Sessions of Individual Psychotherapy or One Hour Consultation for the Next Year is not medically necessary. The injured worker has been participating in psychotherapy treatment and had improvement in his relationship status. The California Chronic Pain Medical Treatment Guidelines recommend for appropriately identified patients during treatment for chronic pain psychological treatment. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The "stepped care" approach to pain management that involves psychological intervention has been suggested as to identify and address specific concerns about pain and enhance interventions that emphasis health management. The rule of this psychologist at this point includes education and training of pain care to providers and how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allow for screening, assessing assessment of goals, and further treatment options, including brief individual or approved therapy. The guidelines state if pain is sustained in spite of continued therapy, that intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. The provider indicated there had been 20 sessions of psychological treatment and the guidelines recommend 13 to 20 sessions of psychological treatment. There is documentation of improved quality of life in regards to his relationship status. However, the injured worker has reached maximum sessions required by the guidelines. As such, the request is not medically necessary.