

Case Number:	CM13-0024545		
Date Assigned:	11/20/2013	Date of Injury:	07/07/2011
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in Florida, New York, and 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 physician 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 patient is a 54 year old female who reported an injury on 7/7/11. The mechanism of injury was not provided in the medical record. The medical records from 5/30/13 through 9/10/13 revealed that the patient did not have any significant improvement in her behavior. A clinical note dated 5/30/13 reported the patient continued to complain of feelings of depression, frustration, irritability, and significant pain to her hip. All of the clinical notes dated after 5/30/13 reported the same. The patient's medications included Seroquel 50g, one tablet at bedtime; Lorazepam 1mg, 1-2 tabs at bedtime; Neurontin 300mg, 1-2 tablets at bedtime; and Lexapro 10mg, 1.5 tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve cognitive behavior psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Official Medical Fee Schedule, page 460 and the Official.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for behavioral Interventions and psychological treatment Page(s): 23,102.

Decision rationale: The California MTUS guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. 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 co-morbid mood disorders. The Official Disability Guidelines suggest an initial psychotherapy trial of 3-4 visits over two weeks, and if there is evidence of objective functional improvement, a total of up to 6-10 visits could be authorized. The information provided in the medical record does not supply any objective findings of functional improvement. The patient continued the same behaviors from the beginning of psychotherapy sessions until the last documented session on 9/10/13; she remained depressed, irritated, and frustrated, with complaints of severe pain to her hip. The psychotherapy sessions were not beneficial to the patient, and so the request is non-certified.