

Case Number:	CM13-0028061		
Date Assigned:	11/22/2013	Date of Injury:	12/10/2008
Decision Date:	08/06/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 licensed in Clinical Psychology, 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:

Based on the records provided for this independent medical review, this patient is 36-year-old female who reported an industrial/occupational work-related injury on December 10, 2008. Details of the injury were not provided, other than noting she fell at work. She is status post spinal fusion/hardware placement and spinal cord stimulator with no significant relief and reports persistent severe pain in her neck and low back. She has been diagnosed psychologically with situational reactive Depression secondary to medical condition. She is reporting severe symptoms of headache, low back pain and bilateral leg pain. She is reporting depression and anxiety. She is being treated with psychiatric medications that include Cymbalta, Klonopin, and Topamax. A request for eight sessions of pain management psychology was made, and was determined to be not medically necessary. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management psychology (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: The utilization review rationale for not granting the request is not clearly stated. It does seem that a decision was made at the same time as this not medically necessary to authorize a psychological evaluation, so possibly the decision was based on wanting to have this done prior to treatment starting. While it is often helpful to have, an evaluation completed prior to the initiation of treatment is not a requirement to do so. There is a note from September 2013 that states that the patient was recently authorized for eight sessions of psychotherapy. It is not clear whether or not those sessions were actually authorized or whether they were completed. The reason why that is important is that makes this request unclear whether it is an initial request or a request for additional sessions. Each has its own rules for authorization. If the request is for continued therapy, there is not enough documentation regarding the outcome of her prior sessions, thus making it not possible to overturn the decision. More likely, this is a request for an initial treatment. Given this patient's level of severity of chronic pain and her difficulty with getting relief through conventional medical treatments, providing psychological therapy for this patient appears to be appropriate and medically necessary. However, this request for eight sessions exceeds both the MTUS and ODG treatment guidelines. An initial block of treatment sessions usually 3 to 4 in length according to the MTUS for cognitive Behavioral therapy, or up to six for psychotherapy for depression in the Official Disability Guidelines, need to be completed and the results of the patient outcome documented for requests of additional sessions. This request does not have that requirement for documenting objective functional improvements based on an initial treatment trial and exceeds the most generous amount by 2 sessions. It is not possible to overturn the Utilization Review decision as it exceeds the maximum allowed for initial treatment trial. This decision is not based on the patients need for treatment but rather a procedural error that was made. Therefore, the request is not medically necessary.