

Case Number:	CM13-0029201		
Date Assigned:	11/01/2013	Date of Injury:	11/05/2004
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 Psychiatry, 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 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 claimant is a 60-year-old female who sustained a work-related injury on 11/05/04. She has undergone multiple modalities of treatment including multiple surgeries, physical therapy, epidural injections, and pain medications. However, she continues to experience chronic pain. The claimant has developed several psychological symptoms secondary to her injury including frustration, depression, anxiety, and sleep disturbance. She is diagnosed with Adjustment Disorder with Mixed Anxiety and Depression; Psychological Factors Affecting Medical Condition; and Insomnia-Type Sleep Disorder Due to Pain. She received weekly psychotherapy between 7/1/13 and 7/31/13. She was consulting [REDACTED], staff psychologist, each week and [REDACTED] staff psychiatrist, each month. [REDACTED] prescribed bupropion XL, and Ambien. The patient reported benefiting from the psychotherapy and the use of the medications. She stated, "It helps me to stay as active as I can and to try to keep a positive attitude. But sometimes I feel so very discouraged." This reviewer is addressing the question of medical necessity for "Decision for Retrospective Request for weekly Psychotherapy Treatments between 7/1/13 and 7/31/2013"

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for weekly Psychotherapy Treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral Interventions Page(s): 23..

Decision rationale: The Chronic Pain Guidelines recommend that the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines, (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. A 10/3/2013 document from [REDACTED] clearly states that the patient benefitted from the trial. A trial of 3-4 psychotherapy visits is suggested by the above guidelines. The difference between 4 sessions over two weeks and 4 sessions over four weeks is not significant. Therefore, weekly Psychotherapy Treatments between (7/1/13 and 7/31/2013) is considered medically necessary in accordance with guideline recommendations.