

Case Number:	CM13-0030166		
Date Assigned:	03/17/2014	Date of Injury:	12/08/2010
Decision Date:	11/05/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 a licensed Doctor of Psychology and is licensed to practice in Utah. 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:

This is a 43-year-old male with a 12/8/10 date of injury. He sustained a spinal cord injury while employed as a laborer. According to a psychological report dated 1/16/14, the patient expressed frustration for the changes he is facing due to his physical limitations. He complained about intense pain in his legs. He was last diagnosed with Anxiety Disorder and Major Depression. His mental status was depressed, pessimistic, irritable, and easily upset. His affect was restricted. The patient has attended 10 individual psychotherapy sessions since March 2013 until August 2013 and was responsive to treatment. He was open to suggestions about what to do with his life and is still in need of continuing care. Diagnostic impression: anxiety disorder, major depression. Treatment to date: medication management, activity modification, psychotherapy. A UR decision dated 9/10/13. The claimant was approved for 6 individual psychotherapy sessions on 1/23/13. However, the submitted documentation provides limited documentation of the claimant's responses to these approved sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 10 Sessions x once a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Cognitive Behavioral Therapy (CBT) Guidelines not given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, this patient has already completed 10 individual psychotherapy sessions with no documentation of functional improvement or improvement in symptoms. An additional 10 sessions would exceed guideline recommendations. Therefore, the request for Psychotherapy, 10 Sessions X Once A Week was not medically necessary.