

Case Number:	CM13-0030665		
Date Assigned:	05/21/2014	Date of Injury:	08/25/1982
Decision Date:	09/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 Psychologist 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 67 year old patient had a date of injury on 8/25/1982 . The mechanism of injury was not noted. In a progress noted dated 9/18/2013, subjective findings included depressed mood, increased pain, and suicidal ideation. On a physical exam dated 9/18/2013, objective findings included that her adaptive functioning is decreased. She has been denied home healthcare, and she was worried of further danger of injury or exacerbation of her symptoms. Diagnostic impression shows cervical disc degeneration, tension headache, lumbosacral neuritis, depression Treatment to date: medication therapy, behavioral modification A UR decision dated 9/18/2013 denied the request for psychotherapy and behavioral pain management, stating that this treatment is medically necessary based on providers reports "suicidal ideation of significance." The modification is 1 time/month for 1 month for supportive psychological counseling. The request did not include frequency or duration of sessions, or detailed clinical examination findings or session notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy and behavioral pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pg 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). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. 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. In a progress note dated 9/13/2014, the patient is noted to be depressed, chronic pain, and suicidal ideation. However, there was no quantity provided in this request, which is needed to substantiate an appropriate regimen for this patient. Therefore, the request for psychotherapy and behavioral pain management is not medically necessary.