

Case Number:	CM13-0032246		
Date Assigned:	12/11/2013	Date of Injury:	04/10/2010
Decision Date:	10/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 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:

The patient is a 47-year-old male who has submitted a claim for pain disorder associated with both psychological factors and a general medical condition associated with an industrial injury date of April 10, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of severe pain in the left hip, insomnia and depression. Examination revealed positive Patrick's test and tender piriformis, left sacroiliac joint and left trochanteric bursa. Patient was alert and oriented to time, place and person. Mental status examination showed normal mood and affect. Treatment to date has included group and individual psychotherapy. He had received approximately eighteen sessions of each and had shown objective functional improvement from them. Utilization review from September 25, 2013 denied the request for 10 visits of individual psychotherapy. The reason for denial was not provided. The request for 10 visits of group psychotherapy was modified into 4 visits for because of noted improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 VISITS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ODG - COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES, 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient already had a total of 18 visits of individual psychotherapy. Although the patient reportedly was continuing to benefit from these, the guidelines only recommend a maximum of 14 (4+10) visits of psychotherapy. The patient had already exceeded this number. Moreover, the most recent mental status examination showed normal mood and affect. There is not enough evidence concerning need for additional psychotherapy sessions at this time. Therefore, the request for 10 VISITS OF INDIVIDUAL PSYCHOTHERAPY is not medically necessary.

10 VISITS OF GROUP PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ODG - COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES, 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Section, Group Therapy, and Psychotherapy

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter was used instead. It states that group therapy should provide a supportive environment in which a patient with post-traumatic stress disorder may participate in therapy with other patients. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient already had a total of 18 visits of group psychotherapy. Although the patient reportedly was continuing to benefit from these, the guidelines only recommend a maximum of 14 (4+10) visits of psychotherapy. The patient had already exceeded this number. There is no discussion concerning need for variance from the guidelines. Moreover, the most recent mental status examination showed normal mood and affect. There is not enough evidence concerning need for additional psychotherapy sessions at this time. Therefore, the request for 10 VISITS OF GROUP PSYCHOTHERAPY is not medically necessary.

