

Case Number:	CM13-0034411		
Date Assigned:	12/06/2013	Date of Injury:	07/27/2010
Decision Date:	04/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 patient is a 60 year old female who sustained a work - related injury on 7/27/10. She started experiencing psychological symptoms secondary to work related injury. A progress report from 7/1/13 lists diagnoses of adjustment disorder with mixed anxiety and depression and psychological factors affecting medical condition. It lists subjective findings of anxiety, depression, social withdrawal, sleep disturbance, tearfulness, poor concentration, and forgetfulness. Psychotropic medications during the course of treatment have included prozac, ativan, and lunesta. The injured worker received an unknown amount of individual psychotherapy from one psychologist and then changed providers in September 2013 due to lack of connection. She started seeing the current psychologist on a weekly basis. The total number of sessions completed so far are unknown. On 2/13/13, the injured worker's psychiatric condition was considered to be permanent and stationary, with permanent disability rated as slight to slight - to - moderate by the qualified medical examiner.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for psychotherapy treatment once a week for twenty weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 23, 100-102.

Decision rationale: The California MTUS states that behavioral interventions are recommended. 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 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 cognitive motivational approach to physical medicine. After four weeks, if progress from physical medicine alone has not been made, psychotherapy CBT referral should be considered. An initial trial of 3 - 4 psychotherapy visits over two weeks can be recommended, and with evidence of objective functional improvement, a total of up to 6 - 10 visits over 5 - 6 weeks can be added. Upon review of the submitted documentation, it is unclear as to how many total sessions of psychotherapy treatments the injured worker has received so far. However, it seems that she has exceeded the total number of sessions recommended per the guidelines quoted above. The request for additional psychotherapy treatments is not medically necessary.