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| Case Number: | CM13-0036093 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 04/08/2011 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 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:

The patient is a 47-year-old female who has submitted a claim for lumbar discopathy; left knee internal derangement; status post right bunion surgery; major depressive disorder, moderate; insomnia type sleep disorder due to pain; female hypoactive sexual desire disorder due to pain; and psychological factors affecting medical condition associated with an industrial injury date of April 8, 2011. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of back pain radiating down the posterior left leg, being depressed and difficulty sleeping due to pain. Physical examination revealed painful and limited lumbar spine range of motion. Range of motion was as follows: flexion to 25 degrees, extension to 0 degrees, right lateral flexion to 10 degrees, and left lateral flexion to 15 degrees. Tenderness was noted over bilateral paralumbar muscles. Treatment to date has included medications, cortisone injections, aquatic therapy, physical therapy, and psychotherapy. Utilization review from September 30, 2013 denied the request for psychotherapy treatment once a week for 20 weeks because the documentation did not reveal the number of prior psychotherapy sessions the claimant has attended or the claimant's response to prior psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy treatment once a week for 20 weeks (total of 20 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: According to pages 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are 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, medical records submitted for review show that the patient has previously attended psychological therapy. A course of psychotherapy was done in 2012 and another in 2013 however the total number of sessions was not documented. Guidelines need evidence of objective improvement defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment however, these were not evident in the patient's records. Furthermore, the present request for another 20 sessions exceeds guideline recommendations. Therefore, the request for psychotherapy once a week for 20 weeks is not medically necessary.