

Case Number:	CM13-0038615		
Date Assigned:	01/24/2014	Date of Injury:	01/02/2003
Decision Date:	04/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Board Certified in Internal Medicine, Pulmonary Diseases 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 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 60-year-old female who reported an injury on 01/02/2003. The mechanism of injury was noted to be a fall. The patient was diagnosed with major depressive disorder with psychotic features, pain disorder associated with both psychological factors and a general medical condition, psychological factors affecting medical condition, sleep disorder, and narcolepsy. It is noted that the patient has been treated with psychotherapy and psychotropic medications since 2003. It was further noted that she had participated in 13 sessions of individual psychotherapy and 38 sessions of group therapy in 2013. It was noted that her psychotherapist for her group therapy sessions indicates that the patient has received benefit from the group therapy as well as her psychotropic medications in managing her depression and chronic pain. Her treatment plan is noted to include continuing psychotherapy to address her depression, anxiety, episodes of panic, difficulty sleeping, self-esteem, difficulties with memory and concentration, and irritability.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOLOGICAL TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT, PAGE PAGE 101-102 Page(.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. It further states that psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The clinical information submitted for review indicates the patient has been participating in psychotherapy since 2003. Upon review of records, there are numerous notations indicating positive subjective benefit from her individual and group therapy sessions. It was noted specifically that she had a history of suicidal ideation and cutting behavior which ceased in 2007. It was noted that she was able to engage in self talk and counseling to resist the urge to cut herself and she stated she would call her therapist when she experienced suicidal ideation with intent. It was also noted that the patient had persistent psychiatric symptoms throughout her treatment; however, intense bouts of emotional distress were occurring for herless frequently. Based on the documentation of significant subjective benefit for the patient with individual and group therapy sessions, continued psychological treatment would be supported. However, the request for weekly psychological treatment failed to provide a number of visits being requested. In the absence of a specific number of treatments or duration of treatment, the request for weekly psychological treatment is not supported. Moreover, the California MTUS Guidelines indicate that patients who have sustained pain despite continued psychotherapy may require additional intensive care from mental health professionals and/or a multi-disciplinary treatment approach, such as in a multi-disciplinary pain program. The clinical information submitted for review failed to provide evidence that intensive care or multi-disciplinary treatment has been tried for this patient, as she has had continued pain and significant psychological complaints related to her pain despite a number of years of individual and group therapy. For the reasons noted above, the request is non-certified.