

Case Number:	CM13-0041247		
Date Assigned:	12/20/2013	Date of Injury:	11/30/2009
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 licensed Psychology 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. 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 claimant is a 57 year-old female (██████████) with a date of injury of 11/30/09. According to medical reports, the claimant sustained injuries to her head, shoulder, arm, and neck when she slipped and fell while carrying merchandise while employed at ██████████. She has been medically treated via surgeries, injections, physical therapy, acupuncture, and medications. In his most recent PR-2 dated 12/10/13, ██████████ diagnosed the claimant with: (1) pseudarthrosis, C5-6, status post ACF, C4-6, with plate migration and C7 vertebral body impingement; (2) depression; and (3) hypertension. In addition to the above mentioned physical symptoms / condition, the claimant has also been experiencing psychiatric symptoms as the result of her work-related injury and in his "Confidential Psychological Pain Management Evaluation" dated 7/8/13, ██████████ diagnosed the claimant with: Pain Disorder associated with both psychological factors and a general medical condition, chronic; and (2) Adjustment Disorder with anxious and depressed mood. It is the claimant's psychiatric diagnoses that are most relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Recommended. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should

Decision rationale: Since the claimant has been diagnosed with both a pain disorder and an adjustment disorder with affective components, both the CA MTUS and the ODG will be used as reference for this case. Based on the review of the medical records, the claimant has been authorized for 6 sessions of psychotherapy; however, there are no records that those sessions have been completed. For the treatment of chronic pain, the CA MTUS recommends an "initial trial of 4 psychotherapy visits" while the ODG suggests that for the treatment of depression, an "initial trial of 6 psychotherapy visits over 6 weeks" be offered. At this time, the request for "four sessions of psychotherapy" is premature. Until the initial 6 sessions are completed and there is evidence of objective functional improvement (as indicated in both guidelines), the request for "four sessions of psychotherapy" is not medically necessary.