

Case Number:	CM13-0045874		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2009
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 69-year-old female who reported an injury on 08/24/2009. The mechanism of injury was noted to be that the patient was picking up a child for a fire drill and felt pain in her back and knee. The psychotherapy progress report dated 06/13/2013 through 08/2013 revealed that the patient desired to continue with therapy. The patient was noted to have undergone 12 sessions of psychotherapy thus far. The patient's diagnoses included major depressive disorder, recurrent episode. The physician indicated that the patient's subjective functional improvements included that the patient was socializing more outside of the house; the patient had increased shopping and errands and was running errands despite pain. The patient was noted to be more independent in transportation and was taking the bus. The patient was noted to be doing more around the house and property, as in the upkeep of the property. The patient was making self improvement plans and was interested in returning to work if possible, and the patient reported increased hope and decreased depression and decreased irritability and indicated that the pain was relentless and the patient had to live with the pain. The request was made for 6 psychotherapy sessions as the final 6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for psychotherapy six sessions to be used two sessions per month for chronic pain and depression: 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 Chronic Pain Medical Treatment Guidelines, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate for chronic pain; and with evidence of objective functional improvement, it can be used for a total of up to 6 to 10 visits over 5 to 6 weeks in individual sessions. As neither the California MTUS nor ACOEM address cognitive behavioral therapy specifically for depression, secondary guidelines were sought. The Official Disability Guidelines indicate that up to 13 to 20 visits over 7 to 20 weeks can be obtained if progress is being made. The patient was noted to have participated in 12 sessions. The physician indicated that the patient's subjective functional improvements included that the patient was socializing more outside of the house; the patient had increased shopping and errands and was running errands despite pain. The patient was noted to be more independent in transportation and was taking the bus. The patient was noted to be doing more around the house and property, as in the upkeep of the property. The patient was making self-improvement plans and was interested in returning to work if possible, and the patient reported increased hope and decreased depression and decreased irritability and indicated that the pain was relentless and the patient had to live with the pain. There was a lack of documentation of objective, quantitative functional benefit from prior therapy. Given the above, the request for psychotherapy for 6 sessions to be used at 2 sessions per month for chronic pain and depression is not medically necessary