

Case Number:	CM13-0048705		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2011
Decision Date:	03/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 5/13/11. A utilization review determination dated 10/28/13 recommends modification of 12 psychotherapy sessions to 6 sessions and modification of 10 medication management sessions to 4 sessions. A progress report dated 10/3/13 identifies subjective complaints including feeling frustrated and angry. She states she is tired of the medical profession and does not trust anyone. She was scheduled for a total knee replacement on September 5th and she called and cancelled the appointment. She refuses to have any physicians to touch her and she does not want any medication refills. She has a remote history of a chronic MRSA infection and is afraid that any further surgery will cause the infection to return. Objective examination findings identify no significant change. Diagnoses include right knee pain, thoracic pain, left hip pain, and history of distant staph infection. Treatment plan recommends psychotherapy with a psychiatrist, evaluation and consultation, as well as 10 sessions of ongoing management to adjust and to begin medication treatment; 12 sessions of psychotherapy with a psychologist for cognitive behavioral management, consultation and evaluation testing and reporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 12 visits (2 visits per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for psychotherapy times 12 visits (2 visits per week for 6 weeks), it is noted that a previous utilization review modified the request and certified 6 sessions. California MTUS supports an initial trial of 3-4 psychotherapy visits over 2 weeks and, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Within the documentation available for review, there is documentation of chronic pain and psychological symptoms, and an initial trial of 3-4 psychotherapy sessions is supported. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested psychotherapy times 12 visits (2 visits per week for 6 weeks) is not medically necessary.

Ten (10) sessions of ongoing management to adjust and begin medication treatment:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127..

Decision rationale: Regarding the request for 10 sessions of ongoing management to adjust and begin medication treatment, it is noted that the provider recommended "psychotherapy with a psychiatrist, evaluation and consultation, as well as 10 sessions of ongoing management to adjust and to begin medication treatment" and the previous utilization review modified the request and certified 4 sessions. California MTUS does not address this issue. ACOEM supports consultation "if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Within the documentation available for review, there is documentation of chronic pain and psychological symptoms. The 4 sessions as recommended in utilization review would be appropriate for evaluation and initial treatment. However, there is no clear indication for 10 sessions prior to initial evaluation, as the need for ongoing treatment will depend in part on the results of that evaluation. In light of the above issues, the currently requested 10 sessions of ongoing management to adjust and begin medication treatment is not medically necessary.