

Case Number:	CM13-0055613		
Date Assigned:	12/30/2013	Date of Injury:	12/26/2007
Decision Date:	10/24/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Psychologist 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:

Patient is a 41-year-old male who has submitted a claim for adjustment disorder with mixed anxiety and depressed mood associated with an industrial injury date of 12/26/2007. Medical records from 2013 were reviewed. Patient complained of depressed mood. He cried easily and slept for 4 to 5 hours only. He denied hallucinations and suicidal ideation. Mental status exam showed intact insight and judgment. He was oriented to time, place, and person. Treatment to date has included lumbar surgery, physical therapy, chiropractic care, epidural steroid injection, psychotherapy, and medications such as Paxil, Prozac, Klonopin, and oxycodone. Utilization review from 11/11/2013 denied the request for additional psychotherapy x 5 visits because of limited evidence of significant psychological symptoms to necessitate additional skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

(5) Additional Psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Psychological Treatment Page(s): 23, 101.

Decision rationale: As stated on page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and post-traumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be recommended. In this case, medical records submitted for review showed that the patient has been experiencing depression and insomnia related to his chronic pain. He had attended psychotherapy sessions. However, the exact number of therapy sessions attended, as well as functional outcomes was not documented. The medical necessity for additional visits cannot be established due to insufficient information. The most recent mental status exam also showed normal findings. There is no clear indication for psychotherapy at this time. Therefore, the request for 5 additional psychotherapy visits is not medically necessary.