

Case Number:	CM13-0059456		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2008
Decision Date:	03/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Psychiatry and Neurology, 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 49 year old female with date of injury 10/05/2008. Date of UR was 11/20/2013. The injured worker has been diagnosed with Major depression, single episode, severe 296.23, Anxiety disorder NOS 300.0, Pain disorder associated with both psychological factors and a general medical condition secondary to the orthopedic injury. She has not tolerated anti-depressant therapy but has noted a significant improvement since starting Gabapentin with clinical benefits for both anxiety and chronic pain which allowed her to discontinue benzodiazepines per 8/17/13 progress report by Psychiatrist. Per Psychologist progress report dated 04/23/13, 12 of 12 authorized visits were used. However the documentation suggests that as of 12/28/12, the injured worker had undergone at least 16 psychiatric and psychotherapy sessions. The injured worker reports subjective benefit from CBT, there is no evidence of objective functional improvement

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment for forty minutes, once monthly, for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23; 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23; 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had at least 16 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 3 more CBT sessions is not medically necessary and will be denied.