

Case Number:	CM13-0059576		
Date Assigned:	06/09/2014	Date of Injury:	02/06/2001
Decision Date:	08/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	12/02/2013

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 psychiatry 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 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:

64 year old female injured worker with date of injury, 2/6/01 with depression secondary to chronic pain. Per progress report dated 9/12/13, the injured worker reported low back pain with radiation of pain to the hip and posterior buttock area, left greater than right, and numbness in legs; neck pain with radiation to the trapezius and scapular area and to the anterior chest wall; upper back/shoulder pain; wrist/hand pain as well as numbness and tingling. Per psychiatric exam, it was noted that the injured worker's mood and affect were moderately depressed. Her Axis I diagnosis is adjustment disorder with anxiety and depressed mood. Her GAF (Global Assessment of Functioning) was 59. She underwent behavioral health assessment 7/23/13, per that report she reported having occasional mood swings, behaving in an angry manner, problems dealing with rejection, obsessional thoughts, crying for no apparent reason, being more withdrawn, loss of interest in things, feelings of worthlessness, loss of appetite, and sleep problems. The date of UR decision was 10/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one time a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

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)Review of the submitted documentation indicates that the injured worker has received mental health treatment in the past. Her worsening symptoms of depression and anxiety warrant psychotherapy. Behavioral assessment dated 7/23/13 found her psyche symptoms to be within the moderate range, and determined that she could benefit from learning how to engage in different activities that are within her limits, pacing herself, and changing her negative cognitions due to her pain condition. Therefore, the request for Psychotherapy one time a week for four weeks is medically necessary and appropriate.