

Case Number:	CM13-0065632		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2011
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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:

The patient reported an injury on 09/12/2011 after he was picking up branches and reportedly sustained an injury to his low back. The patient's treatment history included medications, psychiatric support, and 6 weeks of a Functional Restoration Program. The patient's most recent Functional Restoration Program integrative summary report stated the patient continued to have severe anxiety and moderately severe depression related to their chronic pain and would benefit for post-program psychiatric support. Request was made for pain psychology 1 time a week for 6 weeks for a quantity of 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY 1 TIME A WEEK FOR 6 WEEKS (6 SESSIONS): Upheld

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

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

Decision rationale: The requested pain psychology 1 time a week for 6 weeks for a quantity of 6 visits is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has continued psychological deficits that would benefit from further

treatment. The clinical documentation submitted for review reflects the patient has had extensive psychiatric treatment and continues to experience severe anxiety and depression symptoms. California Medical Treatment Utilization Schedule recommends a trial of 3 to 4 psychotherapy visits to establish efficacy of treatment. The requested 6 psychotherapy treatments exceeds this recommendation. The patient has failed to respond adequately to a Functional Restoration Program and previous psychotherapy attempts, a limited trial of additional psychotherapy would be appropriate for this patient. However, as the request exceeds guideline recommendations of a trial period and there are no exceptional factors noted to extend treatment beyond guideline recommendations, 6 visits would not be supported. As such, the requested pain psychology 1 time a week for 6 weeks for a quantity of 6 visits is not medically necessary or appropriate.