MAXIMUS Federal Services

Case Number:	CM13-0071612		
Date Assigned:	03/28/2014	Date of Injury:	10/23/2010
Decision Date:	08/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 58-year-old male with date of injury of 10/23/2010. The listed diagnoses per [redacted] dated 08/05/2014 are: Chronic pain/neuralgia of the left groin, Right groin pain, swelling in the periumbilical area, possibly recurrent hernia or mesh laxity causing bulging, and Upper midline rectus diastasis. According to this report, the patient complains of recurrent hernias in the left groin and umbilical areas. His umbilical hernia was repaired with mesh, but recurred, and was redone on 2011. He has seen a pain management doctor as well as a psychiatrist. The physical exam shows the patient is well nourished well developed in no acute distress. The abdomen is soft with normal bowel sounds. There is swelling in the periumbilical area with tenderness. There is no inguinal hernia noted, but severe sensitivity to light palpation possibly limiting. There is a surgical scar over the left groin. The Utilization Review did not grant the request on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1XWK X8WKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

Decision rationale: This patient presents with hernia. The provider is requesting psychotherapy for 8 sessions. The MTUS Guidelines page 101 and 102 on psychological treatment states that it is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and a long-term effect on return to work. The Official Disability Guidelines does recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to 6 to 10 visits over 5 to 6 weeks. The progress report dated 08/05/2013 notes that the patient does have some depression symptoms and insomnia. The records do not show any recent or prior psychotherapy treatments to verify the number of treatments received and what results were accomplished. While the patient can benefit from an initial course of psychotherapy, the requested 8 sessions exceeds the Official Disability Guidelines recommendation of 3 to 4 visits over 2 weeks. Therefore, the request is not medically necessary.